



Tennessee Valley Authority, Post Office Box 2000, Spring City, Tennessee 37381-2000

JAN 14 2004

10 CFR 50.55a

U.S. Nuclear Regulatory Commission
ATTN: Document Control Desk
Washington, D. C. 20555

Gentlemen:

| | | |
|----------------------------|---|------------------|
| In the Matter of |) | Docket No.50-390 |
| Tennessee Valley Authority |) | |

WATTS BAR NUCLEAR PLANT (WBN) UNIT 1 - AMERICAN SOCIETY OF
MECHANICAL ENGINEERS (ASME) SECTION XI INSERVICE INSPECTION
(ISI) SUMMARY REPORT FOR THE FIFTH CYCLE OF OPERATION

The purpose of this letter is to provide the ISI Summary Report to NRC within 90 days of completion of the inspections which occurred at the end of the refueling outage as required by ASME Section XI, IWA-6230 of the 1989 Edition of the ASME Section XI Code. The Cycle 5 Refueling Outage is the third of three outages in the Second Period of the First Inservice Inspection Interval. To coincide with the Cycle 7 refueling outage, the first interval has been extended in accordance with IWA-2430(d) to end on December 31, 2006.

This summary report documents the results of the ASME Section XI examinations, tests, repairs, and replacements performed during the fifth cycle of operation of TVA's WBN Unit 1. Included in this Cycle 5 Summary Report is the summary of ISI examinations and results; summary of steam generator tube eddy current examinations and results; summary of pressure tests and results; and, summary of repairs and replacements as documented on ASME Forms, NIS-2.

AO17

U.S. Nuclear Regulatory Commission

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JAN 14 2004

There are no regulatory commitments identified in this letter.
If you have any questions concerning the Cycle 5 Summary Report,
please contact me at (423) 365-1824.

Sincerely,



P. L. Pace
Manager, Site Licensing
and Industry Affairs

Enclosure

1. ASME Section XI Inservice Inspection Summary Report Fifth
Refueling Cycle

cc (Enclosure):

NRC Resident Inspector
Watts Bar Nuclear Plant
1260 Nuclear Plant Road
Spring City, Tennessee 37381

Ms. Margaret H. Chernoff, Project Manager
U.S. Nuclear Regulatory Commission
MS 08G9
One White Flint North
11555 Rockville Pike
Rockville, Maryland 20852-2738

U.S. Nuclear Regulatory Commission
Region II
Sam Nunn Atlanta Federal Center
61 Forsyth St., SW, Suite 23T85
Atlanta, Georgia 30303

ENCLOSURE

WATTS BAR NUCLEAR PLANT UNIT 1
ASME SECTION XI INSERVICE INSPECTION SUMMARY REPORT
FIFTH REFUELING CYCLE

**TENNESSEE VALLEY AUTHORITY'S
WATTS BAR NUCLEAR PLANT
UNIT 1**

ASME SECTION XI

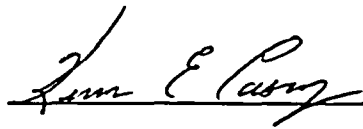
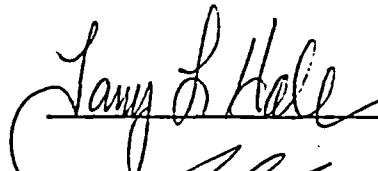

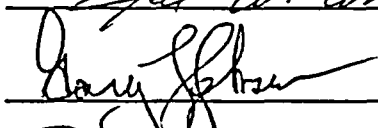
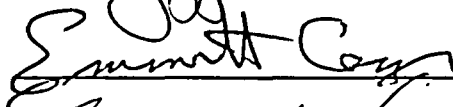
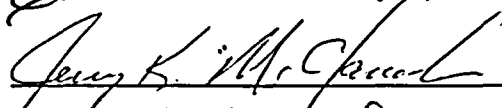
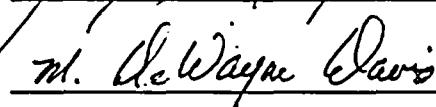
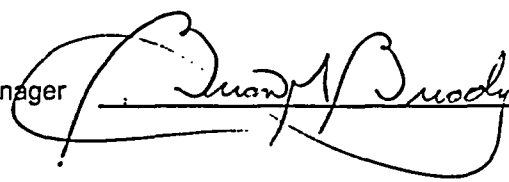
INSERVICE INSPECTION

SUMMARY REPORT

FIFTH REFUELING CYCLE

| | |
|--|---|
| Owner: TENNESSEE VALLEY AUTHORITY Chattanooga Office Complex 1101 Market Street Chattanooga, TN 37402 | Plant: WATTS BAR NUCLEAR PLANT P.O. Box 2000 Spring City, TN 37381-2000 |
| Unit: 1 Commercial Service Date: May 27, 1996 | Certificate of Authorization: N/A National Board Number for Unit: N/A |

CONCURRENCE AND APPROVAL SHEET

| Name | Title | Signature | Date |
|------------------|----------------------------------|--|------------|
| Prepared by: | | | |
| K. E. Casey | ISI Program Engineer |  | 12/09/2003 |
| Concurred by: | | | |
| T. L. Hale | ISO ISI/NDE Coordinator |  | 12/09/2003 |
| J. W. Whitaker | ISO NDE Level III |  | 12/16/03 |
| G. L. Johnson | System Pressure Test Engineer |  | 12/15/03 |
| E. D. Camp | Steam Generator Specialist |  | 12/22/03 |
| J. K. McClanahan | Corporate ISI Specialist |  | 12/16/03 |
| M. D. Davis | Component Engineering Manager |  | 1/7/2004 |
| Approved by: | | | |
| B. G. Briody | System Engineering Manager |  | 1/8/2004 |

| | |
|--|---|
| Owner: TENNESSEE VALLEY AUTHORITY Chattanooga Office Complex 1101 Market Street Chattanooga, TN 37402 | Plant: WATTS BAR NUCLEAR PLANT P.O. Box 2000 Spring City, TN 37381-2000 |
| Unit: 1 Commercial Service Date: May 27, 1996 | Certificate of Authorization: N/A National Board Number for Unit: N/A |

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|--|---|
| Owner: TENNESSEE VALLEY AUTHORITY Chattanooga Office Complex 1101 Market Street Chattanooga, TN 37402 | Plant: WATTS BAR NUCLEAR PLANT P.O. Box 2000 Spring City, TN 37381-2000 |
| Unit: 1 Commercial Service Date: May 27, 1996 | Certificate of Authorization: N/A National Board Number for Unit: N/A |

Cover Sheet

Owner: Tennessee Valley Authority

Address of Corporate Office: Chattanooga Office Complex
1101 Market Street
Chattanooga, Tennessee 37402-2801

Name and Address of Nuclear Power Plant: Watts Bar Nuclear Plant
P.O. Box 2000
Spring City, Tennessee 37381-2000

Applicable Nuclear Power Units: Watts Bar Nuclear Plant, Unit 1

Commercial Operation Date: May 27, 1996

Document Completion Date: December 9, 2003

Unit: 1
Commercial Service Date: May 27, 1996

Certificate of Authorization: N/A
National Board Number for Unit: N/A

Owner: TENNESSEE VALLEY AUTHORITY
Chattanooga Office Complex
1101 Market Street
Chattanooga, TN 37402

Unit: 1
Commercial Service Date: May 27, 1996

Plant: WATTS BAR NUCLEAR PLANT
P.O. Box 2000
Spring City, TN 37381-2000

Certificate of Authorization: N/A
National Board Number for Unit: N/A

FORM NIS-1 (Back)

8. Examination Dates: March 22, 2002 to October 20, 2003

9. Inspection Period Identification: Second

10. Inspection Interval Identification: First

11. Applicable Edition of Section XI: 1989 Addenda N/A

12. Date/Revision of Inspection Plan: 06/03/2003/1-TRI-0-10, Revision 10

13. Abstract of Examinations and Tests. Include a list of examinations and tests and a statement concerning status of work required for the Inspection Plan. See Appendix I

14. Abstract of Results of Examinations and Tests. See Appendix I

15. Abstract of Corrective Measures. No corrective measures required this inspection.

We certify that a) the statements made in this report are correct, b) the examinations and tests meet the Inspection Plan as required by the ASME Code, Section XI, and c) corrective measures taken conform to the rules of the ASME Code, Section XI.

Certificate of Authorization No. (if applicable) N/A Expiration Date N/A
Date 12/09 2003 Signed Tennessee Valley Authority By Sam E. Casey
Owner

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB-CT of Hartford CT. have inspected the components described in this Owners' Data Report during the period 3/22/02 to 1/7/04, and state that to the best of my knowledge and belief, the Owner has performed examinations and tests and taken corrective measures described in this Owner's Report in accordance with the Inspection Plan and as required by the ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations, and tests, and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

Bruce M. Earnigh Commissions TN 2534
Inspector's Signature National Board, State, Province and Endorsements

Date 1/7 2004

Plant: WATTS BAR NUCLEAR PLANT
P.O. Box 2000
Spring City, TN 37381-2000

Certificate of Authorization: N/A
National Board Number for Unit: N/A

Owner: TENNESSEE VALLEY AUTHORITY
Chattanooga Office Complex
1101 Market Street
Chattanooga, TN 37402

Unit: 1

Commercial Service Date: May 27, 1996

Plant: WATTS BAR NUCLEAR PLANT
P.O. Box 2000
Spring City, TN 37381-2000

Certificate of Authorization: N/A
National Board Number for Unit: N/A

FORM NIS-1 (Back)

8. Examination Dates: September 19, 2003 to October 11, 2003
9. Inspection Period Identification: Second
10. Inspection Interval Identification: First
11. Applicable Edition of Section XI: 1989 Addenda N/A
12. Date/Revision of Inspection Plan: September 11, 2003/1-SI-68-907, Revision 11
13. Abstract of Examinations and Tests. Include a list of examinations and tests and a statement concerning status of work required for the Inspection Plan. See Appendix II
14. Abstract of Results of Examinations and Tests. See Appendix II
15. Abstract of Corrective Measures. See Appendix II

We certify that a) the statements made in this report are correct, b) the examinations and tests meet the Inspection Plan as required by the ASME Code, Section XI, and c) corrective measures taken conform to the rules of the ASME Code, Section XI.

Certificate of Authorization No. (if applicable) N/A Expiration Date N/A
Date Dec 12 2003 Signed Tennessee Valley Authority By [Signature]
Owner

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB-CT of HARTFORD CT. have inspected the components described in this Owners' Data Report during the period 9/19/03 to 11/7/04, and state that to the best of my knowledge and belief, the Owner has performed examinations and tests and taken corrective measures described in this Owner's Report in accordance with the Inspection Plan and as required by the ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations, and tests, and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

Bruce M. Earnigh Commissions TN 2534
Inspector's Signature National Board, State, Province and Endorsements

Date 1/7 2004

| | |
|--|---|
| Owner: TENNESSEE VALLEY AUTHORITY Chattanooga Office Complex 1101 Market Street Chattanooga, TN 37402 | Plant: WATTS BAR NUCLEAR PLANT P.O. Box 2000 Spring City, TN 37381-2000 |
| Unit: 1 Commercial Service Date: May 27, 1996 | Certificate of Authorization: N/A National Board Number for Unit: N/A |

FORM NIS-1 (Back)

8. Examination Dates: September 11, 2003 to October 23, 2003
9. Inspection Period Identification: Second
10. Inspection Interval Identification: First
11. Applicable Edition of Section XI: 1989 Addenda N/A
12. Date/Revision of Inspection Plan: September 5, 2003/TI-100.009, Revision 5
13. Abstract of Examinations and Tests. Include a list of examinations and tests and a statement concerning status of work required for the Inspection Plan. See Appendix III
14. Abstract of Results of Examinations and Tests. See Appendix III
15. Abstract of Corrective Measures. See Appendix III

We certify that a) the statements made in this report are correct, b) the examinations and tests meet the Inspection Plan as required by the ASME Code, Section XI, and c) corrective measures taken conform to the rules of the ASME Code, Section XI.

Certificate of Authorization No. (if applicable) N/A Expiration Date N/A
 Date DEC 16 2003 Signed Tennessee Valley Authority By [Signature]
 Owner

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by H513-CT of HARTFORD CT. have inspected the components described in this Owners' Data Report during the period 9/11/03 to 11/7/04, and state that to the best of my knowledge and belief, the Owner has performed examinations and tests and taken corrective measures described in this Owner's Report in accordance with the Inspection Plan and as required by the ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations, and tests, and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

Bruce M. Earnigh Commissions TN 2534
 Inspector's Signature National Board, State, Province and Endorsements
 Date 1/7 2004

| | |
|--|---|
| Owner: TENNESSEE VALLEY AUTHORITY Chattanooga Office Complex 1101 Market Street Chattanooga, TN 37402 | Plant: WATTS BAR NUCLEAR PLANT P.O. Box 2000 Spring City, TN 37381-2000 |
| Unit: 1 Commercial Service Date: May 27, 1996 | Certificate of Authorization: N/A National Board Number for Unit: N/A |

INTRODUCTION AND SUMMARY

Introduction

As required by ASME Section XI, IWA-6200, this summary report documents the results of the ASME Section XI examinations, tests, repairs and replacements performed during the fifth cycle of operation of TVA's Watts Bar Nuclear Plant's Unit 1. The cycle 5 refueling outage is the third of three outages in the Second Period of the First Inservice Inspection Interval. To coincide with the cycle 7 refueling outage, the first interval has been extended in accordance with IWA-2430(d) to end on December 31, 2006.

Included in this cycle 5 Summary Report is: the summary of ISI examinations and results; summary of steam generator tube eddy current examinations and results; summary of pressure tests and results; and, summary of repairs and replacements as documented on ASME Form NIS-2s.

Summary

ISI examinations were performed in accordance with Technical Requirement Instruction 1-TRI-0-10, "ASME Section XI ISI/NDE Program." Table 1 provides an overview of the ISI examinations that were performed during cycle 5. The results of all the examinations met the applicable acceptance standards. Examination of the pressurizer nozzle-to-vessel welds and two pipe-to-valve welds requires a request for relief be prepared as the required code coverage could not be obtained. The examination results for the ISI components are summarized in Appendix I.

Included in 1-TRI-0-10 are the augmented requirements to perform examination of the Reactor Coolant Pump Flywheels in accordance with Regulatory Guide 1.14, "Reactor Coolant Pump Flywheel Integrity." Examination for each flywheel was acceptable. The examination results are also summarized in Appendix I.

Eddy current testing of the steam generator tubes was performed in accordance with Surveillance Instruction 1-SI-68-907, "Steam Generator Tubing Inservice Inspection and Augmented Inspection." Three hundred tubes were plugged among all 4 steam generators and 148 hot leg top of tube sleeves were installed in steam generator 4 as a result of this inspection. The results are summarized in Appendix II.

Appendix III provides a summary of the system pressure tests performed for code credit during cycle 5. System pressure tests are implemented as defined in Technical Instruction TI-100.009, "ASME Section XI System Pressure Testing Program Basis Document." Individual system pressure test procedures are listed in the summary.

Appendix IV provides a summary of the repairs and replacements performed during cycle 5. Included are the ASME Form NIS-2s, "Owners Report for Repair and Replacements." Repairs and Replacements are documented in accordance with Standard Programs and Processes SPP-9.1, Part D, "Repair/Replacement of ASME Section XI Components."

| | |
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| Owner: TENNESSEE VALLEY AUTHORITY Chattanooga Office Complex 1101 Market Street Chattanooga, TN 37402 | Plant: WATTS BAR NUCLEAR PLANT P.O. Box 2000 Spring City, TN 37381-2000 |
| Unit: 1 Commercial Service Date: May 27, 1996 | Certificate of Authorization: N/A National Board Number for Unit: N/A |

TABLE 1
SUMMARY OF CYCLE 5 ISI EXAMINATIONS

| Examination Category | Item Number | Component Description | Number Examined |
|--|----------------|--|--------------------|
| <u>Code Class 1 Components</u> | | | |
| B-B | B2.11 | PRZ Shell-to-Head Weld | 1 |
| | B2.12 | PRZ Shell-to-Head Intersecting Longitudinal Weld | 1 |
| B-D | B3.110 | PRZ Nozzle-to-Vessel Welds | 5 |
| | B3.120 | PRZ Nozzle Inside Radius Section | 5 |
| B-G-2 | B7.20 | Pressurizer Manway Bolting | 1 |
| | B7.50 | PPG Pressure Retaining Bolted Connections | 4 |
| B-K | B10.10 | PRZ Integrally Welded Attachment | 4 |
| B-N-1 | B13.10 | Reactor Vessel Interior | 1 |
| F-A of Code Case N-491 | F1.40B | PRZ Support (upper) | 1 |
| <u>Code Class 1 and 2 Risk-Informed ISI Piping Welds</u> | | | |
| R-A | R1.11 | Elements Subject to Thermal Fatigue | 27 |
| | R1.16 | Elements Subject to Intergranular Stress Corrosion Cracking | 1 |
| | R1.18 | Elements Subject to Flow Accelerated Corrosion | 52 |

| | |
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| Unit: 1 Commercial Service Date: May 27, 1996 | Certificate of Authorization: N/A National Board Number for Unit: N/A |

SUMMARY OF REQUESTS FOR RELIEF (RFRs)

Two RFRs are required to be written for components examined during this inspection. Due to configuration of the pressurizer nozzle-to-vessel welds and Safety Injection System Piping welds, the required examination coverage could not be achieved. The RFRs will be submitted under separate letter to the NRC.

Proposed RFR 1-ISI-14

ISI Component Number(s): WP-11, WP-12, WP-13, WP-14, and WP-15

Component Description: Pressurizer Nozzle-to-Vessel Welds

Examination Category/Item No.: B-D/B3.110

Report Numbers: R0875, R0876, R0877, R0878, R0879

Summary: Due to design configuration of the pressurizer nozzle to head welds, volumetric examination of the nozzle-to-head welds during the Unit 1 Cycle 5 refueling outage resulted in less than 100% of ASME code coverage being achieved. The configuration of the nozzle-to-vessel weld prevents the performance of an ultrasonic scan from the nozzle side of the weld, thus preventing 100% examination of the required full volume. Volumetric examination of this component is required in accordance with Table IWB-2500-1, Examination Category B-D, Item Number B3.110. The full examination volume requirement is defined by Figure IWB-2500-7(b).

Proposed RFR 1-ISI-15

ISI Component Number(s): RHRF-D054-09 and SIF-D086-02

Component Description: Safety Injection System Piping Welds

Examination Category/Item No.: R-A/R1.11

Report Numbers: R0907 and R0899

Summary: The design configuration of the subject austenitic pipe-to-valve welds provides single side access for examination. Single side access precludes meeting the examination coverage and qualification demonstration requirements required by 10 CFR 50.55a(b)(2)(xv)(A) and (xvi)(B).

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| Owner: TENNESSEE VALLEY AUTHORITY Chattanooga Office Complex 1101 Market Street Chattanooga, TN 37402 | Plant: WATTS BAR NUCLEAR PLANT P.O. Box 2000 Spring City, TN 37381-2000 |
| Unit: 1 Commercial Service Date: May 27, 1996 | Certificate of Authorization: N/A National Board Number for Unit: N/A |

APPENDIX I CYCLE 5 ISI EXAMINATION PLAN

The following examination plan provides the list and results of examinations performed during the fifth cycle. This plan is sorted by examination category and item number and system. The headings are defined below:

| | | | | |
|----------------------|---|---|------|------------------------------|
| System | System Title Abbreviation | | | |
| | AFWS | Auxiliary Feedwater System | RCP | Reactor Coolant Pump |
| | BDS | Steam Generator Blowdown System | RCS | Reactor Coolant System |
| | CSS | Containment Spray System | RHRS | Residual Heat Removal System |
| | CVCS | Chemical and Volume Control System | RV | Reactor Vessel |
| | FWS | Feedwater System | SIS | Safety Injection System |
| | PZR | Pressurizer | | |
| Component Number | ISI Component Identifier | | | |
| ISO Drawing | ISI Drawing Number | | | |
| Category | Code Examination Category | | | |
| Item Number | Code Item Number | | | |
| Exam Requirement | Examination Requirement | | | |
| | 89E-01 | Code Class 1, 2 or 3 Item examined per the requirements of the 1989 Edition of ASME Section XI for first interval code credit | | |
| | P89001 | Item examined per the requirements of the 1989 Edition of ASME Section XI for preservice credit (i.e. repaired/replaced item) | | |
| | AUG-01 | Reactor Coolant Pump Flywheel Augmented Examinations per Regulatory Guide 1.14 | | |
| Exam Scheduled | Required Examination Method | | | |
| NDE Procedure | TVA NDE Procedure Number | | | |
| Calibration Standard | Calibration Standard Identifier | | | |
| Exam Date | Date Examination Performed | | | |
| Exam Report | Examination Report Number | | | |
| Exam Results | Results of the Examination | | | |
| | P = PASS, examination met the applicable acceptance standards | | | |
| | F = FAIL, examination did not meet the applicable acceptance standards and was repaired or replaced | | | |
| Comments | Applicable Comments | | | |

Owner: TENNESSEE VALLEY AUTHORITY
Chattanooga Office Complex
1101 Market Street
Chattanooga, TN 37402

Unit: 1
Commercial Service Date: May 27, 1996

Plant: WATTS BAR NUCLEAR PLANT
P.O. Box 2000
Spring City, TN 37381-2000

Certificate of Authorization: N/A
National Board Number for Unit: N/A

| System | Component Number | ISO Drawing | Category | Item Number | Exam Requirement | Exam Scheduled | NDE Procedure | Calibration | Exam Date | Exam Report | Exam Results | Comments |
|--------|------------------|----------------|----------|----------------|---------------------|-------------------|------------------|-------------|--------------|----------------|-----------------|--|
| PZR | WP-05 | CHM-2570-C-01 | B-B | B2.11 | 89E-01 | UT | N-UT-19 | WB-55 | 2003092 | R0886 | P | BNP-79 & WB-56 |
| PZR | WP-09 | CHM-2570-C-01 | B-B | B2.12 | 89E-01 | UT | N-UT-19 | WB-55 | 2003092 | R0887 | P | BNP-79 & WB-56 |
| PZR | WP-11 | CHM-2570-C-01 | B-D | B3.110 | 89E-01 | UT | N-UT-19 | WB-55 | 2003091 | R0875 | P | 68.1% COVERAGE, SEE RFR1-ISI-14 |
| PZR | WP-12 | CHM-2570-C-01 | B-D | B3.110 | 89E-01 | UT | N-UT-19 | WB-55 | 2003092 | R0876 | P | 68.1% COVERAGE, SEE RFR1-ISI-14 |
| PZR | WP-13 | CHM-2570-C-01 | B-D | B3.110 | 89E-01 | UT | N-UT-19 | WB-55 | 2003092 | R0877 | P | 68.1% COVERAGE, SEE RFR1-ISI-14 |
| PZR | WP-14 | CHM-2570-C-01 | B-D | B3.110 | 89E-01 | UT | N-UT-19 | WB-55 | 2003092 | R0878 | P | 68.1% COVERAGE, SEE RFR1-ISI-14 |
| PZR | WP-15 | CHM-2570-C-01 | B-D | B3.110 | 89E-01 | UT | N-UT-19 | WB-55 | 2003092 | R0879 | P | 68.1% COVERAGE, SEE RFR1-ISI-14 |
| PZR | WP-11-NIR | CHM-2570-C-01 | B-D | B3.120 | 89E-01 | UT | N-UT-55 | SQ-77 | 2003091 | R0869 | P | |
| PZR | WP-12-NIR | CHM-2570-C-01 | B-D | B3.120 | 89E-01 | UT | N-UT-55 | SQ-77 | 2003091 | R0865 | P | |
| PZR | WP-13-NIR | CHM-2570-C-01 | B-D | B3.120 | 89E-01 | UT | N-UT-55 | SQ-77 | 2003091 | R0866 | P | |
| PZR | WP-14-NIR | CHM-2570-C-01 | B-D | B3.120 | 89E-01 | UT | N-UT-55 | SQ-77 | 2003091 | R0867 | P | |
| PZR | WP-15-NIR | CHM-2570-C-01 | B-D | B3.120 | 89E-01 | UT | N-UT-55 | SQ-77 | 2003091 | R0868 | P | |
| PZR | 1-MWCB-01 | CHM-2570-C-03 | B-G-2 | B7.20 | 89E-01 | VT-1 | N-VT-1 | | 2003092 | R0885 | P | |
| PZR | 1-MWCB-02 | CHM-2570-C-03 | B-G-2 | B7.20 | 89E-01 | VT-1 | N-VT-1 | | 2003092 | R0885 | P | |
| PZR | 1-MWCB-03 | CHM-2570-C-03 | B-G-2 | B7.20 | 89E-01 | VT-1 | N-VT-1 | | 2003092 | R0885 | P | |
| PZR | 1-MWCB-04 | CHM-2570-C-03 | B-G-2 | B7.20 | 89E-01 | VT-1 | N-VT-1 | | 2003092 | R0885 | P | |
| PZR | 1-MWCB-05 | CHM-2570-C-03 | B-G-2 | B7.20 | 89E-01 | VT-1 | N-VT-1 | | 2003092 | R0885 | P | |
| PZR | 1-MWCB-06 | CHM-2570-C-03 | B-G-2 | B7.20 | 89E-01 | VT-1 | N-VT-1 | | 2003092 | R0885 | P | |
| PZR | 1-MWCB-07 | CHM-2570-C-03 | B-G-2 | B7.20 | 89E-01 | VT-1 | N-VT-1 | | 2003092 | R0885 | P | |
| PZR | 1-MWCB-08 | CHM-2570-C-03 | B-G-2 | B7.20 | 89E-01 | VT-1 | N-VT-1 | | 2003092 | R0885 | P | |
| PZR | 1-MWCB-09 | CHM-2570-C-03 | B-G-2 | B7.20 | 89E-01 | VT-1 | N-VT-1 | | 2003092 | R0885 | P | |
| PZR | 1-MWCB-10 | CHM-2570-C-03 | B-G-2 | B7.20 | 89E-01 | VT-1 | N-VT-1 | | 2003092 | R0885 | P | |
| PZR | 1-MWCB-11 | CHM-2570-C-03 | B-G-2 | B7.20 | 89E-01 | VT-1 | N-VT-1 | | 2003092 | R0885 | P | |
| PZR | 1-MWCB-12 | CHM-2570-C-03 | B-G-2 | B7.20 | 89E-01 | VT-1 | N-VT-1 | | 2003092 | R0885 | P | |
| PZR | 1-MWCB-13 | CHM-2570-C-03 | B-G-2 | B7.20 | 89E-01 | VT-1 | N-VT-1 | | 2003092 | R0885 | P | |
| PZR | 1-MWCB-14 | CHM-2570-C-03 | B-G-2 | B7.20 | 89E-01 | VT-1 | N-VT-1 | | 2003092 | R0885 | P | |
| PZR | 1-MWCB-15 | CHM-2570-C-03 | B-G-2 | B7.20 | 89E-01 | VT-1 | N-VT-1 | | 2003092 | R0885 | P | |
| PZR | 1-MWCB-16 | CHM-2570-C-03 | B-G-2 | B7.20 | 89E-01 | VT-1 | N-VT-1 | | 2003092 | R0885 | P | |
| CVCS | CVC-04-BC | ISI-0050-C-03 | B-G-2 | B7.50 | 89E-01 | VT-1 | N-VT-1 | | 2003091 | R0854 | P | |
| RCS | RC-02-BC | ISI-0365-C-01 | B-G-2 | B7.50 | 89E-01 | VT-1 | N-VT-1 | | 2003091 | R0862 | P | |
| RCS | RC-03-BC | ISI-0365-C-01 | B-G-2 | B7.50 | 89E-01 | VT-1 | N-VT-1 | | 2003091 | R0864 | P | |
| RCS | RC-03-BC | ISI-0365-C-01 | B-G-2 | B7.50 | P89000 | VT-1 | N-VT-1 | | 2003091 | R0851 | P | Examined 12 studs disassembled (mounted in valve body) Examined 12 nuts and washers removed |
| SIS | SI-05-BC | CHM-2758-C-13 | B-G-2 | B7.50 | 89E-01 | VT-1 | N-VT-1 | | 2003091 | R0853 | P | |

Owner: TENNESSEE VALLEY AUTHORITY
Chattanooga Office Complex
1101 Market Street
Chattanooga, TN 37402

Plant: WATTS BAR NUCLEAR PLANT
P.O. Box 2000
Spring City, TN 37381-2000

Unit: 1
Commercial Service Date: May 27, 1996

Certificate of Authorization: N/A
National Board Number for Unit: N/A

| System | Component Number | ISO Drawing | Category | Item Number | Exam Requirement | Exam Scheduled | NDE Procedure | Calibration | Exam Date | Exam Report | Exam Results | Comments |
|--------|------------------|---------------|----------|-------------|------------------|----------------|---------------|-------------|-----------|-------------|--------------|--|
| RCP | RCP1CSABLT-01 | ISI-0447-C-01 | B-G-2 | B7.60 | P89000 | VT-1 | N-VT-1 | | 2003091 | R0855 | P | |
| RCP | RCP1CSABLT-02 | ISI-0447-C-01 | B-G-2 | B7.60 | P89000 | VT-1 | N-VT-1 | | 2003091 | R0855 | P | |
| RCP | RCP1CSABLT-03 | ISI-0447-C-01 | B-G-2 | B7.60 | P89000 | VT-1 | N-VT-1 | | 2003091 | R0855 | P | |
| RCP | RCP1CSABLT-04 | ISI-0447-C-01 | B-G-2 | B7.60 | P89000 | VT-1 | N-VT-1 | | 2003091 | R0855 | P | |
| RCP | RCP1CSABLT-05 | ISI-0447-C-01 | B-G-2 | B7.60 | P89000 | VT-1 | N-VT-1 | | 2003091 | R0855 | P | |
| RCP | RCP1CSABLT-06 | ISI-0447-C-01 | B-G-2 | B7.60 | P89000 | VT-1 | N-VT-1 | | 2003091 | R0855 | P | |
| RCP | RCP1CSABLT-07 | ISI-0447-C-01 | B-G-2 | B7.60 | P89000 | VT-1 | N-VT-1 | | 2003091 | R0855 | P | |
| RCP | RCP1CSABLT-08 | ISI-0447-C-01 | B-G-2 | B7.60 | P89000 | VT-1 | N-VT-1 | | 2003091 | R0855 | P | |
| RCS | 68-565-BC | ISI-0365-C-01 | B-G-2 | B7.70 | P89000 | VT-1 | N-VT-1 | | 2003091 | R0850 | P | Examined 8 studs and 8 nuts, Valve S/N N56964-00-0095 for valve 68-565 |
| PZR | PZRLUG-1 | CHM-2570-C-01 | B-K-1 | B10.10 | 89E-01 | MT | N-MT-6 | | 2003092 | R0911 | P | |
| PZR | PZRLUG-2 | CHM-2570-C-01 | B-K-1 | B10.10 | 89E-01 | MT | N-MT-6 | | 2003092 | R0912 | P | |
| PZR | PZRLUG-3 | CHM-2570-C-01 | B-K-1 | B10.10 | 89E-01 | MT | N-MT-6 | | 2003092 | R0913 | P | |
| PZR | PZRLUG-4 | CHM-2570-C-01 | B-K-1 | B10.10 | 89E-01 | MT | N-MT-6 | | 2003092 | R0914 | P | |
| RV | RVINT | ISI-0427-C-05 | B-N-1 | B13.10 | 89E-01 | VT-3 | N-VT-8 | | 2003093 | R0917 | P | REMOTE WITH COLOR AND B&W CAMERA |
| CVCS | 1-62A-109 | ISI-0063-C-04 | F-A | F1.10B | P89000 | VT-3 | N-VT-1 | | 2003100 | R0921 | P | WO# 02-003680-000 (Modified Portion Only) |
| PZR | PZRH-2 | CHM-2570-C-04 | F-A | F1.41B | 89E-01 | VT-3 | N-VT-1 | | 2003092 | R0910 | P | |
| AFWS | FWF-D372-11 | CHM-2671-C-06 | R-A | R1.11 | 89E-01 | UT | N-UT-76 | WB-37 | 2003092 | R0909 | P | |
| AFWS | FWF-D372-17 | CHM-2671-C-06 | R-A | R1.11 | 89E-01 | UT | N-UT-76 | WB-37 | 2003092 | R0892 | P | |
| AFWS | FWS-069 | CHM-2671-C-07 | R-A | R1.11 | 89E-01 | UT | N-UT-76 | WB-37 | 2003092 | R0890 | P | |
| AFWS | FWS-070 | CHM-2671-C-07 | R-A | R1.11 | 89E-01 | UT | N-UT-76 | WB-37 | 2003092 | R0889 | P | |
| BDS | 1-015A-T003-75 | ISI-0508-C-04 | R-A | R1.11 | 89E-01 | UT | N-UT-76 | WB-87 | 2003091 | R0858 | P | |
| BDS | 1-015A-T007-26 | ISI-0508-C-10 | R-A | R1.11 | 89E-01 | UT | N-UT-76 | WB-86 | 2003092 | R0906 | P | |
| BDS | 1-015A-T014-69 | ISI-0508-C-03 | R-A | R1.11 | 89E-01 | UT | N-UT-76 | WB-87 | 2003091 | R0857 | P | |
| BDS | 1-015A-T015-22 | ISI-0508-C-02 | R-A | R1.11 | 89E-01 | UT | N-UT-76 | WB-86 | 2003092 | R0897 | P | |
| CSS | CSS-040 | ISI-0400-C-03 | R-A | R1.11 | 89E-01 | UT | N-UT-64 | WB-41 | 2003091 | R0882 | P | |
| CVCS | CVCF-D034-14B | ISI-0005-C-01 | R-A | R1.11 | 89E-01 | UT | N-UT-64 | WB-11 | 2003092 | R0895 | P | |
| FWS | FWF-D369-24 | CHM-2671-C-05 | R-A | R1.11 | 89E-01 | UT | N-UT-76 | WB-37 | 2003092 | R0893 | P | |
| FWS | FWF-D370-06 | CHM-2671-C-07 | R-A | R1.11 | 89E-01 | UT | N-UT-76 | WB-37 | 2003093 | R0920 | P | |
| FWS | FWF-D371-23 | CHM-2671-C-08 | R-A | R1.11 | 89E-01 | UT | N-UT-76 | WB-37 | 2003091 | R0852 | P | |
| RCS | RCF-D233-12 | ISI-0365-C-02 | R-A | R1.11 | 89E-01 | UT | N-UT-64 | WB-40 | 2003091 | R0863 | P | |
| RCS | RCS-002 | ISI-0365-C-01 | R-A | R1.11 | 89E-01 | UT | N-UT-64 | WB-01 | 2003091 | R0880 | P | |
| RCS | RCS-009 | ISI-0365-C-01 | R-A | R1.11 | 89E-01 | UT | N-UT-64 | WB-01 | 2003091 | R0881 | P | |
| RCS | RCS-032 | ISI-0365-C-02 | R-A | R1.11 | 89E-01 | UT | N-UT-64 | WB-40 | 2003092 | R0896 | P | |
| RHRS | RHRS-028 | CHM-2636-C-02 | R-A | R1.11 | 89E-01 | UT | N-UT-64 | WB-46 | 2003092 | R0915 | P | |
| RHRS | RHRS-114 | CHM-2636-C-06 | R-A | R1.11 | 89E-01 | UT | N-UT-64 | WB-41 | 2003092 | R0916 | P | |
| RHRS | SIF-D080-01 | CHM-2758-C-02 | R-A | R1.11 | 89E-01 | UT | N-UT-64 | WB-09 | 2003093 | R0919 | P | |

Owner: TENNESSEE VALLEY AUTHORITY
Chattanooga Office Complex
1101 Market Street
Chattanooga, TN 37402

Plant: WATTS BAR NUCLEAR PLANT
P.O. Box 2000
Spring City, TN 37381-2000

Unit: 1
Commercial Service Date: May 27, 1996

Certificate of Authorization: N/A
National Board Number for Unit: N/A

| System | Component Number | ISO Drawing | Category | Item Number | Exam Requirement | Exam Scheduled | NDE Procedure | Calibration | Exam Date | Exam Report | Exam Results | Comments |
|--------|------------------|---------------|----------|-------------|------------------|----------------|---------------|-------------|-----------|-------------|--------------|-------------------------------|
| SIS | RHRF-D054-09 | CHM-2636-C-07 | R-A | R1.11 | 89E-01 | UT | N-UT-64 | WB-02 | 2003092 | R0907 | P | 50% COVERAGE, SEE RFR1-ISI-15 |
| SIS | RHRS-148 | CHM-2636-C-07 | R-A | R1.11 | 89E-01 | UT | N-UT-64 | WB-01 | 2003092 | R0903 | P | |
| SIS | RHRS-172 | CHM-2636-C-08 | R-A | R1.11 | 89E-01 | UT | N-UT-64 | WB-02 | 2003092 | R0898 | P | |
| SIS | SIF-D086-02 | ISI-0375-C-16 | R-A | R1.11 | 89E-01 | UT | N-UT-64 | WB-11 | 2003092 | R0899 | P | 50% COVERAGE, SEE RFR1-ISI-15 |
| SIS | SIF-D090-12A | CHM-2758-C-08 | R-A | R1.11 | 89E-01 | UT | N-UT-64 | WB-01 | 2003092 | R0894 | P | |
| SIS | SIS-103 | CHM-2758-C-08 | R-A | R1.11 | 89E-01 | UT | N-UT-64 | WB-33 | 2003092 | R0888 | P | |
| SIS | SIS-200A | ISI-0375-C-13 | R-A | R1.11 | 89E-01 | UT | N-UT-64 | WB-69 | 2003092 | R0900 | P | |
| CVCS | CVCF-D036-10H | ISI-0005-C-01 | R-A | R1.16 | 89E-01 | UT | N-UT-64 | WB-11 | 2003092 | R0904 | P | |
| AFWS | 103BE374 | FAC Program | R-A | R1.18 | 89E-01 | UT | TI-31.21 | | | R0928 | P | |
| AFWS | 103BE375 | FAC Program | R-A | R1.18 | 89E-01 | UT | TI-31.21 | | | R0928 | P | |
| AFWS | 103BE465 | FAC Program | R-A | R1.18 | 89E-01 | UT | TI-31.21 | | | R0926 | P | |
| AFWS | 103BE466 | FAC Program | R-A | R1.18 | 89E-01 | UT | TI-31.21 | | | R0926 | P | |
| AFWS | 103BE531 | FAC Program | R-A | R1.18 | 89E-01 | UT | TI-31.21 | | | R0924 | P | |
| AFWS | 103BE611 | FAC Program | R-A | R1.18 | 89E-01 | UT | TI-31.21 | | | R0931 | P | |
| AFWS | 103BN376 | FAC Program | R-A | R1.18 | 89E-01 | UT | TI-31.21 | | | R0928 | P | |
| AFWS | 103BN467 | FAC Program | R-A | R1.18 | 89E-01 | UT | TI-31.21 | | | R0926 | P | |
| AFWS | 103BN532 | FAC Program | R-A | R1.18 | 89E-01 | UT | TI-31.21 | | | R0924 | P | |
| AFWS | 103BN612 | FAC Program | R-A | R1.18 | 89E-01 | UT | TI-31.21 | | | R0931 | P | |
| BDS | 115E019 | FAC Program | R-A | R1.18 | 89E-01 | UT | TI-31.21 | | | R0933 | P | |
| BDS | 115E038 | FAC Program | R-A | R1.18 | 89E-01 | UT | TI-31.21 | | | R0935 | P | |
| BDS | 115E066 | FAC Program | R-A | R1.18 | 89E-01 | UT | TI-31.21 | | | R0944 | P | |
| BDS | 115E273 | FAC Program | R-A | R1.18 | 89E-01 | UT | TI-31.21 | | | R0941 | P | |
| BDS | 115E313 | FAC Program | R-A | R1.18 | 89E-01 | UT | TI-31.21 | | | R0943 | P | |
| BDS | 115P004 | FAC Program | R-A | R1.18 | 89E-01 | UT | TI-31.21 | | | R0932 | P | |
| BDS | 115P006 | FAC Program | R-A | R1.18 | 89E-01 | UT | TI-31.21 | | | R0932 | P | |
| BDS | 115P020 | FAC Program | R-A | R1.18 | 89E-01 | UT | TI-31.21 | | | R0933 | P | |
| BDS | 115P027 | FAC Program | R-A | R1.18 | 89E-01 | UT | TI-31.21 | | | R0934 | P | |
| BDS | 115P039 | FAC Program | R-A | R1.18 | 89E-01 | UT | TI-31.21 | | | R0935 | P | |
| BDS | 115P042 | FAC Program | R-A | R1.18 | 89E-01 | UT | TI-31.21 | | | R0936 | P | |
| BDS | 115P067 | FAC Program | R-A | R1.18 | 89E-01 | UT | TI-31.21 | | | R0944 | P | |
| BDS | 115P074 | FAC Program | R-A | R1.18 | 89E-01 | UT | TI-31.21 | | | R0945 | P | |
| BDS | 115P090 | FAC Program | R-A | R1.18 | 89E-01 | UT | TI-31.21 | | | R0937 | P | |
| BDS | 115P109 | FAC Program | R-A | R1.18 | 89E-01 | UT | TI-31.21 | | | R0937 | P | |
| BDS | 115P112 | FAC Program | R-A | R1.18 | 89E-01 | UT | TI-31.21 | | | R0937 | P | |
| BDS | 115P183 | FAC Program | R-A | R1.18 | 89E-01 | UT | TI-31.21 | | | R0939 | P | |
| BDS | 115P190 | FAC Program | R-A | R1.18 | 89E-01 | UT | TI-31.21 | | | R0938 | P | |
| BDS | 115P202 | FAC Program | R-A | R1.18 | 89E-01 | UT | TI-31.21 | | | R0939 | P | |
| BDS | 115P262 | FAC Program | R-A | R1.18 | 89E-01 | UT | TI-31.21 | | | R0940 | P | |
| BDS | 115P264 | FAC Program | R-A | R1.18 | 89E-01 | UT | TI-31.21 | | | R0940 | P | |
| BDS | 115P274 | FAC Program | R-A | R1.18 | 89E-01 | UT | TI-31.21 | | | R0941 | P | |
| BDS | 115P293 | FAC Program | R-A | R1.18 | 89E-01 | UT | TI-31.21 | | | R0942 | P | |

Owner: TENNESSEE VALLEY AUTHORITY
Chattanooga Office Complex
1101 Market Street
Chattanooga, TN 37402

Plant: WATTS BAR NUCLEAR PLANT
P.O. Box 2000
Spring City, TN 37381-2000

Unit: 1
Commercial Service Date: May 27, 1996

Certificate of Authorization: N/A
National Board Number for Unit: N/A

| System | Component Number | ISO Drawing | Category | Item Number | Exam Requirement | Exam Scheduled | NDE Procedure | Calibration | Exam Date | Exam Report | Exam Results | Comments |
|--------|-------------------|---------------|----------|-------------|------------------|----------------|---------------|-------------|-----------|-------------|--------------|-------------------------------|
| BDS | 115P296 | FAC Program | R-A | R1.18 | 89E-01 | UT | TI-31.21 | | | R0942 | P | |
| BDS | 115P314 | FAC Program | R-A | R1.18 | 89E-01 | UT | TI-31.21 | | | R0943 | P | |
| BDS | 115P342 | FAC Program | R-A | R1.18 | 89E-01 | UT | TI-31.21 | | | R0946 | P | |
| BDS | 115T041 | FAC Program | R-A | R1.18 | 89E-01 | UT | TI-31.21 | | | R0936 | P | |
| BDS | 115T111 | FAC Program | R-A | R1.18 | 89E-01 | UT | TI-31.21 | | | R0937 | P | |
| BDS | 115T204 | FAC Program | R-A | R1.18 | 89E-01 | UT | TI-31.21 | | | R0939 | P | |
| BDS | 115T295 | FAC Program | R-A | R1.18 | 89E-01 | UT | TI-31.21 | | | R0942 | P | |
| BDS | 115X005 | FAC Program | R-A | R1.18 | 89E-01 | UT | TI-31.21 | | | R0932 | P | |
| BDS | 115X021 | FAC Program | R-A | R1.18 | 89E-01 | UT | TI-31.21 | | | R0936 | P | |
| BDS | 115X026 | FAC Program | R-A | R1.18 | 89E-01 | UT | TI-31.21 | | | R0934 | P | |
| BDS | 115X040 | FAC Program | R-A | R1.18 | 89E-01 | UT | TI-31.21 | | | R0936 | P | |
| BDS | 115X091 | FAC Program | R-A | R1.18 | 89E-01 | UT | TI-31.21 | | | R0937 | P | |
| BDS | 115X110 | FAC Program | R-A | R1.18 | 89E-01 | UT | TI-31.21 | | | R0937 | P | |
| BDS | 115X184 | FAC Program | R-A | R1.18 | 89E-01 | UT | TI-31.21 | | | R0939 | P | |
| BDS | 115X189 | FAC Program | R-A | R1.18 | 89E-01 | UT | TI-31.21 | | | R0938 | P | |
| BDS | 115X203 | FAC Program | R-A | R1.18 | 89E-01 | UT | TI-31.21 | | | R0939 | P | |
| BDS | 115X263 | FAC Program | R-A | R1.18 | 89E-01 | UT | TI-31.21 | | | R0940 | P | |
| BDS | 115X275 | FAC Program | R-A | R1.18 | 89E-01 | UT | TI-31.21 | | | R0942 | P | |
| BDS | 115X294 | FAC Program | R-A | R1.18 | 89E-01 | UT | TI-31.21 | | | R0942 | P | |
| RCP | 1S-82P191-BOREKEY | ISI-0447-C-02 | RG1.14 | AUGM | AUG-01 | UT | N-UT-21 | SQ-68 | 2003092 | R0901 | P | RCP #1 |
| RCP | 2S-88P720-BOREKEY | ISI-0447-C-02 | RG1.14 | AUGM | AUG-01 | UT | N-UT-21 | SQ-68 | 2003091 | R0883 | P | RCP #4 |
| RCP | 3S-82P191-SUR | ISI-0447-C-02 | RG1.14 | AUGM | AUG-01 | MT | N-MT-6 | | 2003051 | R0846 | P | MOTOR SERIAL NUMBER 3S-82P191 |
| RCP | 3S-82P191-VOL | ISI-0447-C-02 | RG1.14 | AUGM | AUG-01 | UT | N-UT-21 | SQ-68 | 2003051 | R0847 | P | |
| RCP | 3S-82P192-BOREKEY | ISI-0447-C-02 | RG1.14 | AUGM | AUG-01 | UT | N-UT-21 | SQ-68 | 2003092 | R0905 | P | RCP #3 |
| RCP | 4S-82P191-SUR | ISI-0447-C-02 | RG1.14 | AUGM | AUG-01 | MT | N-MT-6 | | 2002091 | R0844 | P | |
| RCP | 4S-82P191-VOL | ISI-0447-C-02 | RG1.14 | AUGM | AUG-01 | UT | N-UT-21 | SQ-68 | 2002092 | R0845 | P | |

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|--|---|
| Owner: TENNESSEE VALLEY AUTHORITY Chattanooga Office Complex 1101 Market Street Chattanooga, TN 37402 | Plant: WATTS BAR NUCLEAR PLANT P.O. Box 2000 Spring City, TN 37381-2000 |
| Unit: 1 Commercial Service Date: May 27, 1996 | Certificate of Authorization: N/A National Board Number for Unit: N/A |

APPENDIX II

SUMMARY OF WATTS BAR UNIT 1 CYCLE 5 SG EDDY CURRENT INSPECTION/TUBE PLUGGING RESULTS

| EDDY CURRENT EXAM TYPE | S/G 1 | S/G 2 | S/G 3 | S/G 4 | Totals |
|-----------------------------|-------|-------|-------|-------|--------|
| Cold Leg Bobbin Coil | 4625 | 4617 | 4626 | 4576 | 18444 |
| Hot Leg Bobbin Coil | 903 | 896 | 905 | 896 | 3600 |
| Hot Leg TTS +Point | 4625 | 4617 | 4626 | 4576 | 18444 |
| Cold Leg TTS +Point | 935 | 935 | 935 | 935 | 3740 |
| Hot Leg TSP & FS +Point | 181 | 162 | 110 | 312 | 765 |
| Cold Leg TSP & FS +Point | 45 | 35 | 29 | 38 | 147 |
| U-Bend Dent +Point | 27 | 10 | 20 | 24 | 81 |
| Low Row U-Bend +Point | 456 | 450 | 455 | 452 | 1813 |
| U-Bend Array Probe | 818 | 821 | 827 | 820 | 3286 |
| Total Exams Completed | 12615 | 12543 | 12533 | 12629 | 50320 |
| INDICATIONS (Tubes) | S/G 1 | S/G 2 | S/G 3 | S/G 4 | Totals |
| AVB Wear | 12 | 14 | 6 | 13 | 45 |
| Freespan ODSCC | 3 | 2 | 1 | 0 | 6 |
| Loose Parts Damage | 3 | 0 | 0 | 1 | 4 |
| ODSCC HTS Circ | 76 | 62 | 22 | 177 | 337 |
| ODSCC HTS Axial | 1 | 0 | 1 | 2 | 4 |
| ODSCC TSP Axial | 201 | 101 | 96 | 112 | 510 |
| PWSCC HTS Circ | 1 | 2 | 0 | 3 | 6 |
| PWSCC HTS Axial | 5 | 4 | 14 | 17 | 40 |
| PWSCC U-Bend Axial | 0 | 1 | 0 | 0 | 1 |
| Volumetric Indication (SVI) | 1 | 0 | 5 | 7 | 13 |

| | |
|--|---|
| Owner: TENNESSEE VALLEY AUTHORITY Chattanooga Office Complex 1101 Market Street Chattanooga, TN 37402 | Plant: WATTS BAR NUCLEAR PLANT P.O. Box 2000 Spring City, TN 37381-2000 |
| Unit: 1 Commercial Service Date: May 27, 1996 | Certificate of Authorization: N/A National Board Number for Unit: N/A |

| PLUGGING STATUS | S/G 1 | S/G 2 | S/G 3 | S/G 4 | Totals |
|--------------------------------------|-------|-------|-------|-------|--------|
| Previously Plugged Tubes | 49 | 57 | 48 | 98 | 252 |
| Plugged Cycle 5 | | | | | |
| Damage Mechanism | | | | | |
| PWSCC HTS Axial | 2 | 3 | 11 | 1 | 17 |
| PWSCC HTS Circ | 1 | 2 | 0 | 0 | 3 |
| ODSCC HTS Axial | 1 | 0 | 0 | 1 | 2 |
| ODSCC HTS Circ | 76 | 61 | 22 | 36 | 195 |
| ODSCC TSP Axial | 27 | 11 | 4 | 3 | 45 |
| PWSCC U-Bend Axial | 0 | 1 | 0 | 0 | 1 |
| Preventive | 10 | 2 | 2 | 7 | 21 |
| Volumetric Indication | 0 | 0 | 3 | 4 | 7 |
| Loose Part Wear | 2 | 0 | 0 | 1 | 3 |
| ODSCC Freespan Axial | 3 | 2 | 1 | 0 | 6 |
| TOTAL TUBES PLUGGED | 171 | 139 | 91 | 151 | 552 |
| TOTAL TUBES SLEEVED (H/L TTS) | 0 | 0 | 0 | 148 | 148 |
| Classification of Inspection Results | S/G 1 | S/G 2 | S/G 3 | S/G 4 | |
| Full-Length Bobbin Coil | C-2 | C-2 | C-2 | C-2 | |
| U-Bend +Point/Array | C-1 | C-2 | C-1 | C-1 | |
| Top of Tubesheet +Point | C-3 | C-3 | C-2 | C-3 | |
| Dented TSP +Point | C-1 | C-1 | C-1 | C-1 | |
| Freespan/U-Bend Ding +Point | C-1 | C-1 | C-1 | C-1 | |

| Inspection Classification Category | Inspection Results |
|--|--|
| C-1 | Less than 5% of the total tubes inspected are degraded tubes and none of the inspected tubes are defective |
| C-2 | One or more tubes, but not more than 1% of the total tubes inspected are defective, or between 5 and 10% of the total tubes inspected are degraded tubes |
| C-3 | More than 10% of the total tubes inspected are degraded tubes or more than 1% of the inspected tubes are defective |

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| Owner: TENNESSEE VALLEY AUTHORITY Chattanooga Office Complex 1101 Market Street Chattanooga, TN 37402 | Plant: WATTS BAR NUCLEAR PLANT P.O. Box 2000 Spring City, TN 37381-2000 |
| Unit: 1 Commercial Service Date: May 27, 1996 | Certificate of Authorization: N/A National Board Number for Unit: N/A |

APPENDIX III PRESSURE TEST SUMMARY

The following table summarizes the tests and results of the system pressure tests performed during the fifth cycle.

Owner: TENNESSEE VALLEY AUTHORITY
Chattanooga Office Complex
1101 Market Street
Chattanooga, TN 37402

Unit: 1
Commercial Service Date: May 27, 1996

Plant: WATTS BAR NUCLEAR PLANT
P.O. Box 2000
Spring City, TN 37381-2000

Certificate of Authorization: N/A
National Board Number for Unit: N/A

WBN Unit 1 Cycle 5 RFO Pressure Test Report
[First Inspection Interval, second period]

| System | Procedure No. | Test Type | Exam | Performance Date | Test Results |
|--|----------------|------------------------------|------|------------------|--------------|
| Safety Injection - Train A and Common Code Class 2 safety injection system piping and components located outside containment required for the Risk Informed Program. | 1-TRI-63-901-A | System Functional | VT-2 | 10/19/2003 | Satisfactory |
| Safety injection - Code Class 2 high head safety injection piping and components required for the Risk Informed ISI Program. | 1-TRI-63-903 | System Functional | VT-2 | 10/07/2003 | Satisfactory |
| Safety Injection Train A cold leg injection, Safety Injection common hot leg recirculation and RHR common cold leg injection piping and components required for the Risk Informed ISI Program. | 1-TRI-63-905-A | System Functional | VT-2 | 10/19/2003 | Satisfactory |
| Safety injection Train B cold leg injection piping and components required for the Risk Informed ISI Program. | 1-TRI-63-905-B | System Functional | VT-2 | 10/02/2003 | Satisfactory |
| Safety Injection RHR hot leg recirculation piping and components required for the Risk informed ISI Program. | 1-TRI-63-906 | System Functional | VT-2 | 10/19/2003 | Satisfactory |
| Essential Raw Cooling Water - Train B Code Class 3 buried supply piping | 0-TRI-67-902-B | Delta Flow | VT-2 | 10/23/2003 | Satisfactory |
| Essential Raw Cooling Water - Train B Code Class 3 buried discharge piping | 0-TRI-67-902-B | Adequate Flow | VT-2 | 10/23/2003 | Satisfactory |
| Reactor Coolant System - Code Class 1 Reactor Coolant and interfacing system piping and components | 1-TRI-68-6 | System Leakage | VT-2 | 10/18/2003 | Satisfactory |
| Reactor Coolant System - Code Class 1 bolted joints | 1-TRI-68-7 | N-533 Alt. for Bolted Joints | VT-2 | 10/11/2003 | Satisfactory |
| Residual Heat Removal - Train 1A Code Class 2 Residual Heat Removal System piping and components located outside containment required for the Risk Informed Program. | 1-TRI-74-901-A | System Functional | VT-2 | 09/12/2003 | Satisfactory |
| Residual Heat Removal - Train 1B Code Class 2 Residual Heat Removal System piping and components located outside containment required for the Risk Informed Program. | 1-TRI-74-901-B | System Functional | VT-2 | 09/11/2003 | Satisfactory |

Owner: TENNESSEE VALLEY AUTHORITY
Chattanooga Office Complex
1101 Market Street
Chattanooga, TN 37402

Unit: 1

Commercial Service Date: May 27, 1996

Plant: WATTS BAR NUCLEAR PLANT
P.O. Box 2000
Spring City, TN 37381-2000

Certificate of Authorization: N/A

National Board Number for Unit: N/A

APPENDIX IV
REPORT FOR REPAIRS AND REPLACEMENTS
ASME FORM NIS-2

Attached are the ASME Form NIS-2s, Report for Repairs and Replacements, for the period from March 22, 2002 to completion of the fifth cycle refueling outage, October 20, 2003.

The following table lists by tracking number the NIS-2s included in this report. Tracking numbers not listed are either for Code Class 3 components or have been deleted.

| TRACKING NUMBER | CODE CLASS | WORK ORDER NUMBER | BRIEF DESCRIPTION |
|--------------------|---------------|----------------------|---|
| RR-05-002 | 2 | 01-012544-001 | Replace stem/plug assembly |
| RR-05-007 | 2 | 02-001685-000 | Seal weld repaired |
| RR-05-011 | 2 | 02-004561-000 | Replaced globe valve and associated valves |
| RR-05-020 | 1 | 02-014908-000 | Seal weld bonnet to body |
| RR-05-021 | 1 | 02-012528-000 | Replace RCP #4 cartridge seal assembly |
| RR-05-022 | 1 | 02-012527-000 | Replace RCP #1 cartridge seal assembly |
| RR-05-030 | 2 | 02-013265-000 | Replaced valve |
| RR-05-031 | 2 | 02-013267-000 | Replaced valve |
| RR-05-032 | 2 | 02-013268-000 | Replaced valve |
| RR-05-033 | 2 | 02-013270-000 | Replaced valve |
| RR-05-034 | 2 | 02-013271-000 | Replaced valve |
| RR-05-035 | 2 | 02-013272-000 | Replaced valve |
| RR-05-036 | 2 | 02-013273-000 | Replaced valve |
| RR-05-037 | 2 | 02-013274-000 | Replaced valve |
| RR-05-045 | 2 | 01-013232-000 | Replace outboard mechanical seal |
| RR-05-047 | 2 | 02-012478-001 | Replace carbon steel fittings with chrome-moly fittings - Lp2 |
| RR-05-048 | 2 | 02-012478-002 | Replace carbon steel fittings with chrome-moly fittings - Lp3 |
| RR-05-049 | 2 | 02-012478-003 | Replace carbon steel fittings with chrome-moly fittings - Lp4 |
| RR-05-052 | 1 | 02-003680-000 | Remove and reinstall valve 1-ISV-0564-S, -0565-S & -0567-S |
| RR-05-055 | 2 | 02-016870-000 | Replace valve |
| RR-05-057 | 1 | 03-004777-000 | Installed cap over valve bonnet and seal welded to valve body |
| RR-05-061 | 1 | 02-016877-000 | Replace valve |
| RR-05-067 | 2 | 02-012479-000 | Replaced 2" check valve 1-CKV-063-0725. |
| RR-05-078 | 2 | 03-003743-001 | Replaced main steam safety valve |

| | |
|--|---|
| Owner: TENNESSEE VALLEY AUTHORITY Chattanooga Office Complex 1101 Market Street Chattanooga, TN 37402 | Plant: WATTS BAR NUCLEAR PLANT P.O. Box 2000 Spring City, TN 37381-2000 |
| Unit: 1 Commercial Service Date: May 27, 1996 | Certificate of Authorization: N/A National Board Number for Unit: N/A |

| TRACKING NUMBER | CODE CLASS | WORK ORDER NUMBER | BRIEF DESCRIPTION |
|--------------------|---------------|----------------------|---|
| RR-05-079 | 2 | 03-003743-000 | Replaced main steam safety valve |
| RR-05-082 | 2 | 02-015425-001 | Base metal repair |
| RR-05-089 | 1 | 03-014058-000 | Replaced RCP #2 cartridge seal assembly |
| RR-05-090 | 2 | 02-014450-000 | Replaced cover and pilot poppet |
| RR-05-091 | 2 | 02-014449-000 | Replaced cover and pilot poppet |
| RR-05-093 | 2 | 02-014450-001 | Remove and reinstall piping to support inspection of 1-FCV-001-0029. |
| RR-05-097 | 2 | 03-015889-002 | Added new ECCS vent in the Hot Leg 4 SI |
| RR-05-099 | 2 | 02-015056-001 | Replaced disc |
| RR-05-102 | 2 | 02-009676-002 | Replaced valve |
| RR-05-103 | 2 | 03-015889-003 | Repair indication in 1/2" pipe in the weld area of weld 1-063B-T130-4B |
| RR-05-105 | 2 | 03-012457-000 | Repair indications identified during PT of weld 1-063A-D077-19 |
| RR-05-107 | 2 | 02-015175-007 | Replace snubber |
| RR-05-108 | 2 | 03-016364-000 | Replaced valve trim assembly |
| RR-05-109 | 1 | 03-016825-000 | Replaced valve |
| RR-05-110 | 1 | 02-012607-003 | Install sleeves in SG4 |
| RR-05-111 | 1 | 02-012607-001 | Remove 4 tubes and install welded plugs |
| RR-05-113 | 2 | 02-015167-005 | Replaced snubber |
| RR-05-114 | 2 | 03-001374-000 | Repair indications in 3/8" tubing coupling welds 1-043A-T013-65A & -73 which were identified during PT of welds |
| RR-05-115 | 2 | 03-016942-000 | Removal of indication in 1" diameter piping |
| RR-05-119 | 2 | 03-015889-007 | Add system 063 support to existing safety injection support |
| RR-05-120 | 2 | 03-015889-009 | Add system 063 supports to existing ERCW support 47A450-21-081 and SGBD support 47A400-06-118 |
| RR-05-121 | 2 | 03-016867-000 | Fabricate and install new name plate for 3" pipe per TACF # 1-03-019-081 |
| RR-05-123 | 2 | 03-015889-001 | Repair of 1" indication in the toe of weld |
| RR-05-124 | 2 | 03-017997-000 | Replaced valve bonnet and cage |
| RR-05-125 | 1 | 03-018085-000 | Replaced snubber |

| FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS As Required by the Provisions of the ASME Code Section XI | | | | | | | |
|---|----------------------|-------------------------|--|----------------------|------------|------------------------------------|-------------------------------|
| 1. Owner <u>TENNESSEE VALLEY AUTHORITY</u> <div style="text-align: center; font-size: small;">Name</div> <u>1101 Market St., Chattanooga, TN 37402</u> <div style="text-align: center; font-size: small;">Address</div> | | | Date <u>03/62/02</u> Sheet <u>1</u> of <u>2</u> | | | | |
| 2. Plant <u>Watts Bar Nuclear Plant</u> <div style="text-align: center; font-size: small;">Name</div> <u>P. O. Box 2000, Spring City, TN 37381</u> <div style="text-align: center; font-size: small;">Address</div> | | | Unit <u>Unit 1</u> <u>WO# 01-012544-001</u> <div style="text-align: center; font-size: small;">Repair Organization P.O. No., Job No., etc.</div> Type Code Symbol Stamp <u>N/A</u> | | | | |
| 3. Work Performed by <u>WATTS BAR NUCLEAR PLANT</u> <div style="text-align: center; font-size: small;">Name</div> <u>P.O. BOX 2000, SPRING CITY, TENN. 37381</u> <div style="text-align: center; font-size: small;">Address</div> | | | Authorization No <u>N/A</u> Expiration Date <u>N/A</u> | | | | |
| 4. Identification of system <u>CVCS System 062</u> | | | | | | | |
| 5. (a) Applicable Construction Code <u>Section II</u> 19 <u>71</u> Edition, <u>Supp 72</u> Addenda, <u>N/A</u> Code Case (b) Applicable Edition of Section XI Utilized for Repairs or Replacements <u>1989</u> | | | | | | | |
| 6. Identification of Components Repaired or Replaced and Replacement Components | | | | | | | |
| Name of Component | Name of Manufacturer | Manufacturer Serial No. | National Board No. | Other Identification | Year Built | Repaired, Replaced, or Replacement | ASME Code Stamped (Yes or No) |
| Globe Valve | Fisher | 5909861 | 2542 | 1-FEB-62-CG89 | 1977 | Replaced | YES |
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| 7. Description of Work <u>Replace Stem/Plug Assembly VALVE S/N 5909861</u> <u>4 VALVE SEAT</u> | | | | | | | |
| 8. Tests Conducted: Hydrostatic <input type="checkbox"/> Pneumatic <input type="checkbox"/> Nominal Operating Pressure <input checked="" type="checkbox"/> <u>PERFORMED ON</u> Other <input type="checkbox"/> Pressure _____ psi Test Temp _____ °F <u>WO</u> <u>03-016166-000</u> | | | | | | | |
| NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form. | | | | | | | |

01-12544-01

| FORM NIS-2 (Back) | |
|--|---|
| 9. Remarks | <u>TRACKING #</u> <u>RR-05-007</u> <u>RR-04-069</u> <u>1/1/03 CODE CASE N-416-1</u> <small>Applicable Manufacturer's Data Reports to be Attached</small> |
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| CERTIFICATE OF COMPLIANCE | |
| We certify that the statements made in the report are correct and this <u>Replacement</u> conforms to the rules of the ASME Code, Section XI. <div style="text-align: right;">repair or replacement</div> | |
| Type Code Symbol Stamp | <u>N/A</u> |
| Certificate of Authorization No. | <u>N/A</u> |
| Signed <u>Maintenance Specialist / J. V. Callen</u> | Date <u>1/30/03</u> 20 <u>03</u> |
| <small>Owner or Owner's Designee, Title</small> | |
| CERTIFICATE OF INSERVICE INSPECTION | |
| I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of <u>Tennessee</u> and employed by <u>HSB-CT</u> of <u>Hartford CT.</u> have inspected the components described in this Owner's Report during the period <u>1/19/03</u> to <u>1/30/03</u> and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. | |
| By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection. | |
| <u>Bruce M. Earnigh</u> Inspector's Signature | Commissions <u>TN 2534</u> National Board, State, Province, and Endorsements |
| Date <u>1/20</u> 20 <u>03</u> | |

As Required by the Provisions of the ASME Code Section X

Appendix IV
Page 5 of 100

| FORM NIS-2 (Back) | |
|--|---|
| 9. Remarks | <u>TRACKING NUMBER 01-004404-000</u> <u>RR-05-007</u> <small>Applicable Manufacturer's Data Reports to be Attached</small> |
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| CERTIFICATE OF COMPLIANCE | |
| We certify that the statements made in the report are correct and this <u>REPAIR</u> conforms to the rules of the ASME Code, Section XI. <div style="text-align: right; margin-right: 100px;"><small>repair or replacement</small></div> | |
| Type Code Symbol Stamp | <u>N/A</u> |
| Certificate of Authorization No. | <u>N/A</u> |
| Signed <u><i>Joe E. Casey</i></u> <u>ISI SPECIALIST</u> | Date <u>5/3</u> 20 <u>02</u> <small>Owner or Owner's Designee, Title</small> |
| CERTIFICATE OF INSERVICE INSPECTION | |
| <p>I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of <u>Tennessee</u> and employed by <u>HSB I&I Co. of CT</u> of <u>Hartford CT.</u> have inspected the components described in this Owner's Report during the period <u>2/27/02</u> to <u>5/3/02</u> and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.</p> <p>By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.</p> | |
| <u><i>Bruce M. Eamigh</i></u> Inspector's Signature | Commissions <u>TN 2534</u> National Board, State, Province, and Endorsements |
| Date <u>5/3</u> 20 <u>02</u> | |

| FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS As Required by the Provisions of the ASME Code Section XI | | | | | | | |
|---|----------------------|-------------------------|--------------------|---|------------|------------------------------------|-------------------------------|
| 1. Owner <u>TENNESSEE VALLEY AUTHORITY</u> | | | | Date <u>04-30-2002</u> | | | |
| <small>Name</small> <u>1101 Market St., Chattanooga, TN 37402</u> | | | | Sheet <u>1</u> of <u>2</u> | | | |
| 2. Plant <u>Watts Bar Nuclear Plant</u> <small>Name</small> <u>P. O. Box 2000, Spring City, TN 37381</u> | | | | Unit <u>Unit 1</u> W/O <u>02-004561-000</u> | | | |
| 3. Work Performed by <u>MECHANICAL MAINTENANCE</u> <small>Address</small> <u>P.O. BOX 2000 SPRING CITY, TN 37381</u> | | | | <small>Repair Organization P.O. No., Job No., etc.</small> Type Code Symbol Stamp <u>N/A</u> | | | |
| <small>Address</small> Authorization No <u>N/A</u> | | | | Expiration Date <u>N/A</u> | | | |
| 4. Identification of system <u>062 - C.V.C.S.</u> | | | | | | | |
| 5. (a) Applicable Construction Code <u>Sect. III</u> <u>1974</u> Edition, <u>W74</u> Addenda, <u>n/a</u> Code Case | | | | | | | |
| (b) Applicable Edition of Section XI Utilized for Repairs or Replacements <u>1989</u> | | | | | | | |
| 6. Identification of Components Repaired or Replaced and Replacement Components | | | | | | | |
| Name of Component | Name of Manufacturer | Manufacturer Serial No. | National Board No. | Other Identification | Year Built | Repaired, Replaced, or Replacement | ASME Code Stamped (Yes or No) |
| 1-ISV-062-0549-S | KEROTEST | KP23-16 | N/A | GLOBE VLV | | REPLACED | YES |
| 1-ISV-062-0549-S | KEROTEST | HX4-4 | N/A | GLOBE VLV | 75 | REPLACEMENT | YES |
| WELD NO. 1-062A-T107-6 | N/A | N/A | N/A | 1-PIPE-062-B | N/A | REPLACED | N/A |
| WELD NO. 1-062A-T107-7 | N/A | N/A | N/A | 1-PIPE-062-B | N/A | REPLACED | N/A |
| WELD NO. 1-062A-T107-8 | N/A | N/A | N/A | 1-PIPE-062-B | N/A | REPLACED | N/A |
| WELD NO. 1-062A-T107-9 | N/A | N/A | N/A | 1-PIPE-062-B | N/A | REPLACED | N/A |
| WELD NO. 1-062A-T107-5 | N/A | N/A | N/A | 1-PIPE-062-B | N/A | REPLACED | N/A |
| ELBOW PIPE | N/A | N/A | N/A | N/A | N/A | REPLACED | N/A |
| 7. Description of Work <u>REPLACED GLOBE VALVE AND ASSOCIATED WELOS, PIPE & ELBOWS</u> | | | | | | | |
| 8. Tests Conducted: Hydrostatic <input type="checkbox"/> Pneumatic <input type="checkbox"/> Nominal Operating Pressure <input checked="" type="checkbox"/> Other <input type="checkbox"/> Pressure _____ psi Test Temp _____ °F | | | | | | | |
| NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form. | | | | | | | |

| FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS AS Required by the Provisions of the ASME Code Section XI | | | | | | | |
|---|----------------------|-------------------------|--------------------|--|------------|------------------------------------|-------------------------------|
| 1. Owner <u>TENNESSEE VALLEY AUTHORITY</u> | | | | Date <u>01-09-03</u> | | | |
| <div style="text-align: center;">Name</div> <u>1101 Market St., Chattanooga, TN 37402</u> | | | | <div style="text-align: center;">Sheet</div> <u> / </u> of <u> 2 </u> | | | |
| 2. Plant <u>Watts Bar Nuclear Plant</u> | | | | Unit <u>Unit 1</u> | | | |
| <div style="text-align: center;">Address</div> <div style="text-align: center;">Name</div> <u>P. O. Box 2000, Spring City, TN 37381</u> | | | | W/O <u>02-014908-000</u> | | | |
| 3. Work Performed by <u>MECHANICAL MAINTENANCE</u> | | | | <div style="text-align: center;">Repair Organization P.O. No., Job No., etc.</div> Type Code Symbol Stamp <u>N/A</u> | | | |
| <div style="text-align: center;">Name</div> <u>P.O. BOX 2000 SPRING CITY, TN 37381</u> | | | | Authorization No <u>N/A</u> | | | |
| <div style="text-align: center;">Address</div> | | | | Expiration Date <u>N/A</u> | | | |
| 4. Identification of system <u>063 -SAFETY INJECTION</u> | | | | | | | |
| 5. (a) Applicable Construction Code <u>Sect.III</u> <u>19 74</u> Edition, <u>W74</u> Addenda, <u>n/a</u> Code Case | | | | | | | |
| (b) Applicable Edition of Section XI Utilized for Repairs or Replacements <u>1989</u> | | | | | | | |
| 6. Identification of Components Repaired or Replaced and Replacement Components | | | | | | | |
| Name of Component | Name of Manufacturer | Manufacturer Serial No. | National Board No. | Other Identification | Year Built | Repaired, Replaced, or Replacement | ASME Code Stamped (Yes or No) |
| WELD NO. <u>1-063B-T108-10</u> | <u>N/A</u> | <u>N/A</u> | <u>N/A</u> | <u>SEAL WELD</u> | <u>N/A</u> | <u>REPAIR</u> | <u>NO</u> |
| <u>Weld NO</u> <u>1-063B-T108-CV/R1</u> | <u>N/A</u> | <u>N/A</u> | <u>N/A</u> | <u>Seal Weld</u> | <u>N/A</u> | <u>Repair</u> | <u>NO</u> |
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| 7. Description of Work <u>SEAL WELD BONNET TO BODY</u> | | | | | | | |
| 8. Tests Conducted: Hydrostatic <input type="checkbox"/> Pneumatic <input type="checkbox"/> Nominal Operating Pressure <input checked="" type="checkbox"/> <div style="display: flex; justify-content: space-between;"> Other <input type="checkbox"/> Pressure psi Test Temp °F </div> | | | | | | | |
| NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in Items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form. | | | | | | | |

02-14908-06

| FORM NIS-2 (Back) | |
|--|---|
| 9. Remarks | TRACKING NO. <u>RP-05-020</u> CODE CASE <u>N-416-1</u> <small>Applicable Manufacturers Data Reports to be Attached</small> |
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| CERTIFICATE OF COMPLIANCE | |
| We certify that the statements made in the report are correct and this <u>Repair</u> conforms to the rules of the ASME Code, Section XI. <div style="text-align: right; margin-right: 100px;"><small>repair or replacement</small></div> | |
| Type Code Symbol Stamp | <u>N/A</u> |
| Certificate of Authorization No. | <u>N/A</u> |
| Signed <u>J. Callie</u> <small>Owner or Owner's Designee, Title</small> | <u>Maintenance Specialist</u> Date <u>10/10</u> 20 <u>03</u> |
| CERTIFICATE OF INSERVICE INSPECTION | |
| <p>I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of <u>TENNESSEE</u> and employed by <u>HSB-CT</u> of <u>HARTFORD, CT.</u> have inspected the components described in this Owner's Report during the period <u>11/9/03</u> to <u>10/17/03</u> and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.</p> <p>By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.</p> | |
| <u>Bruce M. Earnigh</u> Inspector's Signature | Commissions <u>TN 2534</u> National Board, State, Province, and Endorsements |
| Date <u>10/17</u> 20 <u>03</u> | |

| FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS <small>AS Required by the Provisions of the ASME Code Section XI</small> | | | | | | | |
|--|----------------------|-------------------------|--------------------|---|------------|------------------------------------|-------------------------------|
| 1. Owner <u>TENNESSEE VALLEY AUTHORITY</u> | | | | Date <u>10-24-03</u> | | | |
| <small>Name</small> 1101 Market St., Chattanooga, TN 37402 | | | | Sheet <u>1</u> of <u>2</u> | | | |
| 2. Plant <u>Watts Bar Nuclear Plant</u> | | | | Unit <u>Unit 1</u> | | | |
| <small>Address</small> P. O. Box 2000, Spring City, TN 37381 | | | | WBN MAINT. W.O. 02-012528-000 | | | |
| 3. Work Performed by <u>WATTS BAR NUCLEAR PLANT</u> | | | | <small>Repair Organization P.O. No., Job No., etc.</small> Type Code Symbol Stamp <u>N/A</u> | | | |
| <small>Name</small> P.O. BOX 2000, SPRING CITY, TENN. 37381 | | | | Authorization No <u>N/A</u> | | | |
| <small>Address</small> | | | | Expiration Date <u>N/A</u> | | | |
| 4. Identification of system <u>REACTOR COOLANT SYSTEM/ SYSTEM 068</u> | | | | | | | |
| 5. (a) Applicable Construction Code <u>ASME SECT. III 19 71 Edition, SUMMER 1972</u> Addenda, <u>N/A</u> Code Case | | | | | | | |
| (b) Applicable Edition of Section XI Utilized for Repairs or Replacements <u>1989</u> | | | | | | | |
| 6. Identification of Components Repaired or Replaced and Replacement Components | | | | | | | |
| Name of Component | Name of Manufacturer | Manufacturer Serial No. | National Board No. | Other Identification | Year Built | Repaired, Replaced, or Replacement | ASME Code Stamped (Yes or No) |
| RCP 4 CARTRIDGE SEAL WITH NO. 2 SEAL HOUSING AND BOLTS | WESTINGHOUSE | 2183 | N/A | 1-PMP-068-0073 PART NO | 1974 | REPLACE | NO |
| | | | | 5055D24-G01 4936A90H20-205 10/23/03 | | | |
| Cartridge Seal | Westinghouse | 2181 | N/A | Same | | Replaced | No |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 7. Description of Work <u>REPLACE RCP NO. 4 (1-PMP-068-0073) CARTRIDGE SEAL ASSEMBLY</u> | | | | | | | |
| <u>Per WO 02-14978-000</u> | | | | | | | |
| 8. Tests Conducted: Hydrostatic <input type="checkbox"/> Pneumatic <input type="checkbox"/> Nominal Operating Pressure <input checked="" type="checkbox"/> | | | | | | | |
| Other <input type="checkbox"/> Pressure <u>NOP</u> psi Test Temp <u>NOT</u> °F | | | | | | | |
| <small>NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.</small> | | | | | | | |

FORM NIS-2 (Back)

9. Remarks TRACKING NO.: 88-05-021
Applicable Manufacturers Data Reports to be Attached

CERTIFICATE OF COMPLIANCE

We certify that the statements made in the report are correct and this replacement conforms to the
 rules of the ASME Code, Section XI.
repair or replacement

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Signed R. Dehougine, Maint Specialist Date 10/24 20 03
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB-CT of Hartford CT. have inspected the components described in this Owner's Report during the period 11/9/03 to 10/24/03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

Bruce M. Earnigh Commissions TN 2534
 Inspector's Signature National Board, State, Province, and Endorsements

Date 10/24 20 03

| FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS As Required by the Provisions of the ASME Code Section XI | | | | | | | |
|---|----------------------|---|--------------------|--|------------|------------------------------------|-------------------------------|
| 1. Owner <u>TENNESSEE VALLEY AUTHORITY</u> | | Date <u>10-24-03</u> | | | | | |
| <div style="text-align: center;">Name</div> <u>1101 Market St., Chattanooga, TN 37402</u> | | <div style="text-align: center;">Sheet</div> <u>1</u> of <u>2</u> | | | | | |
| 2. Plant <u>Watts Bar Nuclear Plant</u> | | Unit <u>Unit 1</u> | | | | | |
| <div style="text-align: center;">Address</div> <u>P. O. Box 2000, Spring City, TN 37381</u> | | <div style="text-align: center;">Name</div> <u>WBN MAINT. W.O. 02-012527-000</u> | | | | | |
| 3. Work Performed by <u>WATTS BAR NUCLEAR PLANT</u> | | <div style="text-align: center;">Address</div> <u>P.O. BOX 2000, SPRING CITY, TENN. 37381</u> | | <div style="text-align: center;">Repair Organization P.O. No., Job No., etc.</div> Type Code Symbol Stamp <u>N/A</u> | | | |
| | | <div style="text-align: center;">Name</div> <u>P.O. BOX 2000, SPRING CITY, TENN. 37381</u> | | <div style="text-align: center;">Authorization No</div> <u>N/A</u> | | | |
| | | <div style="text-align: center;">Address</div> | | <div style="text-align: center;">Expiration Date</div> <u>N/A</u> | | | |
| 4. Identification of system <u>REACTOR COOLANT SYSTEM/ SYSTEM 068</u> | | | | | | | |
| 5. (a) Applicable Construction Code <u>ASME SECT. III 19 71 Edition, 1972</u> SUMMER Addenda, <u>N/A</u> Code Case | | | | | | | |
| (b) Applicable Edition of Section XI Utilized for Repairs or Replacements <u>1989</u> | | | | | | | |
| 6. Identification of Components Repaired or Replaced and Replacement Components | | | | | | | |
| Name of Component | Name of Manufacturer | Manufacturer Serial No. | National Board No. | Other Identification | Year Built | Repaired, Replaced, or Replacement | ASME Code Stamped (Yes or No) |
| RCP 4 CARTRIDGE SEAL WITH NO. 2 SEAL HOUSING | WESTINGHOUSE | 2295 | N/A | 1-PMP-068-0008 PART NO | 1974 | REPLACE | NO |
| <div style="text-align: right; margin-right: 10px;"> 208 7/17/13 </div> #2 SEAL HOUSING BOLTS | | 10640, 10641 | N/A | PIN: 4936A90H20 | | REPLACE | NO |
| | | 10642, 10643 | | | | REPLACED | |
| | | 10644, 10647 | | | | ENTIRE | |
| | | 10648, 10649 | | | | SET OF 8 BOLTS | |
| Cartridge Seal | | 2289 | N/A | | | Replaced | N |
| 7. Description of Work <u>REPLACE RCP NO. 1 (1-PMP-068-0008) CARTRIDGE SEAL ASSEMBLY</u> | | | | | | | |
| <u>REPLACE BOLTS</u> Per WO 02-14978-000 <div style="text-align: center;">Date 7/17/03</div> | | | | | | | |
| 8. Tests Conducted: Hydrostatic <input type="checkbox"/> Pneumatic <input type="checkbox"/> Nominal Operating Pressure <input checked="" type="checkbox"/> | | | | | | | |
| Other <input type="checkbox"/> Pressure <u>NOP</u> psi Test Temp <u>NOT</u> °F | | | | | | | |
| NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form. | | | | | | | |

FORM NIS-2 (Back)

9. Remarks TRACKING NO. : PR-05-022
Applicable Manufacturer's Data Reports to be Attached

CERTIFICATE OF COMPLIANCE

We certify that the statements made in the report are correct and this REPLACEMENT conforms to the rules of the ASME Code, Section XI.
 repair or replacement

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Signed R. DeRouge Maint Specialist Date 10/24/03 20
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of TENNESSEE and employed by HSB-CT of HARTFORD CT have inspected the components described in this Owner's Report during the period 1/13/03 to 10/24/03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

Bruce M. Earnigh Commissions TN2534
 Inspector's Signature National Board, State, Province, and Endorsements

Date 10/24 2003

| FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS As Required by the Provisions of the ASME Code Section XI | | | | | | | |
|---|----------------------|-------------------------|--------------------|--|------------|------------------------------------|-------------------------------|
| 1. Owner <u>TENNESSEE VALLEY AUTHORITY</u> <small>Name</small> <u>1101 Market St., Chattanooga, TN 37402</u> <small>Address</small> | | | | Date <u>01-22-2003</u> Sheet <u> / of 2</u> | | | |
| 2. Plant <u>Watts Bar Nuclear Plant</u> <small>Name</small> <u>P. O. Box 2000, Spring City, TN 37381</u> <small>Address</small> | | | | Unit <u>Unit 1</u> W/O <u>02-013265-000</u> <small>Repair Organization P.O. No., Job No., etc.</small> | | | |
| 3. Work Performed by <u>MECHANICAL MAINTENANCE</u> <small>Name</small> <u>P.O. BOX 2000 SPRING CITY, TN 37381</u> <small>Address</small> | | | | Type Code Symbol Stamp <u>N/A</u> Authorization No <u>N/A</u> Expiration Date <u>N/A</u> | | | |
| 4. Identification of system <u>067 - E.R.C.W.</u> | | | | | | | |
| 5. (a) Applicable Construction Code <u>Sect. III</u> 19 74 Edition, <u>n/a</u> Addenda, <u>n/a</u> Code Case (b) Applicable Edition of Section XI Utilized for Repairs or Replacements <u>1989</u> | | | | | | | |
| 6. Identification of Components Repaired or Replaced and Replacement Components | | | | | | | |
| Name of Component | Name of Manufacturer | Manufacturer Serial No. | National Board No. | Other Identification | Year Built | Repaired, Replaced, or Replacement | ASME Code Stamped (Yes or No) |
| VALVE 1-FCV-067-0112-A | HENRY PRATT | | N/A | BUTTERFLY VALVE | 1976 | REPLACED | YES |
| VALVE 1-FCV-067-0112-A | HENRY PRATT | 465284DD-1-3 | N/A | BUTTERFLY VALVE | 2003 | REPLACEMENT | YES |
| BOLTING MAT'L 3/4" ALL THD | NOVA | HT# N/A | N/A | LOT # 35995051 | 1998 | REPLACED | N/A |
| NUTS - 3/4" | NOVA | HT# B87035 | N/A | N/A | | REPLACED | N/A |
| 7. Description of Work <u>REPLACED COMPLETE VALVE & BOLTING MAT'L</u> | | | | | | | |
| 8. Tests Conducted: Hydrostatic <input type="checkbox"/> Pneumatic <input type="checkbox"/> Nominal Operating Pressure <input checked="" type="checkbox"/> Other <input type="checkbox"/> Pressure _____ psi Test Temp _____ °F | | | | | | | |
| NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in Items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form. | | | | | | | |

| FORM NIS-2 (Back) | |
|---|---|
| 9. Remarks | <u>TRACKING NO. PR-05-030</u> <small>Applicable Manufacturer's Data Reports to be Attached</small> |
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| CERTIFICATE OF COMPLIANCE | |
| <p>We certify that the statements made in the report are correct and this <u>REPLACEMENT</u> conforms to the repair or replacement rules of the ASME Code, Section XI.</p> | |
| Type Code Symbol Stamp <u>N/A</u> | |
| Certificate of Authorization No. <u>N/A</u> | |
| Signed <u>J. Collier Maintenance Specialist</u> Date <u>10/14</u> 20 <u>03</u> <small>Owner or Owner's Designee, Title</small> | |
| CERTIFICATE OF INSERVICE INSPECTION | |
| <p>I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of <u>Tennessee</u> and employed by <u>HSB-CT</u> of <u>Hartford CT.</u> have inspected the components described in this Owner's Report during the period <u>10/3/03</u> to <u>10/15/03</u> and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.</p> <p>By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.</p> | |
| <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> <u>Bruce M. Earnigh</u> Inspector's Signature </div> <div style="width: 50%;"> Commissions <u>TN 2534</u> National Board, State, Province, and Endorsements </div> </div> | |
| Date <u>10/15</u> 20 <u>03</u> | |

| FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS As Required by the Provisions of the ASME Code Section XI | | | | | | | |
|---|----------------------|-------------------------|--------------------|--|------------|------------------------------------|-------------------------------|
| 1. Owner <u>TENNESSEE VALLEY AUTHORITY</u> <div style="text-align: center; font-size: small;">Name</div> <u>1101 Market St., Chattanooga, TN 37402</u> <div style="text-align: center; font-size: small;">Address</div> | | | | Date <u>01-22-2003</u> Sheet <u>1</u> of <u>2</u> | | | |
| 2. Plant <u>Watts Bar Nuclear Plant</u> <div style="text-align: center; font-size: small;">Name</div> <u>P. O. Box 2000, Spring City, TN 37381</u> <div style="text-align: center; font-size: small;">Address</div> | | | | Unit <u>Unit 1</u> W/O <u>02-013267-000</u> | | | |
| 3. Work Performed by <u>MECHANICAL MAINTENANCE</u> <div style="text-align: center; font-size: small;">Name</div> <u>P.O. BOX 2000 SPRING CITY, TN 37381</u> <div style="text-align: center; font-size: small;">Address</div> | | | | <div style="text-align: center; font-size: small;">Repair Organization P.O. No., Job No., etc.</div> Type Code Symbol Stamp <u>N/A</u> Authorization No <u>N/A</u> Expiration Date <u>N/A</u> | | | |
| 4. Identification of system <u>067 - E.R.C.W.</u> | | | | | | | |
| 5. (a) Applicable Construction Code <u>Sect.III</u> 19 74 Edition, n/a Addenda, n/a Code Case (b) Applicable Edition of Section XI Utilized for Repairs or Replacements <u>1989</u> | | | | | | | |
| 6. Identification of Components Repaired or Replaced and Replacement Components | | | | | | | |
| Name of Component | Name of Manufacturer | Manufacturer Serial No. | National Board No. | Other Identification | Year Built | Repaired, Replaced, or Replacement | ASME Code Stamped (Yes or No) |
| VALVE 1-FCV-067-0091-B | HENRY PRATT | D-0045-6-5 | N/A | BUTTERFLY VALVE | 1976 | REPLACED | YES |
| VALVE 1-FCV-067-0091-B | HENRY PRATT | 46328400-14 | N/A | BUTTERFLY VALVE | 2003 | REPLACEMENT | YES |
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| 7. Description of Work <u>REPLACED COMPLETE VALVE</u> | | | | | | | |
| 8. Tests Conducted: Hydrostatic <input checked="" type="checkbox"/> Pneumatic <input type="checkbox"/> Nominal Operating Pressure <input checked="" type="checkbox"/> Other <input type="checkbox"/> Pressure _____ psi Test Temp <u>NOT</u> °F | | | | | | | |
| NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form. | | | | | | | |

| FORM NIS-2 (Back) | |
|---|---|
| 9. Remarks | <div style="display: flex; justify-content: space-between;"> TRACKING NO. <u>RR-05-031</u> </div> <div style="text-align: center; font-size: small; margin-top: 2px;">Applicable Manufacturer's Data Reports to be Attached</div> |
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| CERTIFICATE OF COMPLIANCE | |
| <p>We certify that the statements made in the report are correct and this <u>REPLACEMENT</u> conforms to the rules of the ASME Code, Section XI.</p> <p style="text-align: right; margin-right: 100px;">repair or replacement</p> | |
| Type Code Symbol Stamp <u>N/A</u> | |
| Certificate of Authorization No. <u>N/A</u> | |
| <div style="display: flex; justify-content: space-between;"> <div style="flex: 1;"> Signed <u>J. Collier Maintenance Specialist</u> <small>Owner or Owner's Designee, Title</small> </div> <div style="flex: 1; text-align: right;"> Date <u>10/12/03</u> 20 <u>03</u> </div> </div> | |
| CERTIFICATE OF INSERVICE INSPECTION | |
| <p>I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of <u>Tennessee</u> and employed by <u>HSB-CT</u> of <u>Hartford CT.</u> have inspected the components described in this Owner's Report during the period <u>10/3/03</u> to <u>10/12/03</u> and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.</p> <p>By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.</p> | |
| <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="flex: 1;"> <u>Bruce M. Earnigh</u> <small>Inspector's Signature</small> </div> <div style="flex: 1; text-align: right;"> Commissions <u>TN2534</u> <small>National Board, State, Province, and Endorsements</small> </div> </div> | |
| Date <u>10/12</u> 20 <u>03</u> | |

| FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS As Required by the Provisions of the ASME Code Section XI | | | | | | | |
|---|----------------------|-------------------------|--------------------|--|------------|------------------------------------|-------------------------------|
| 1. Owner <u>TENNESSEE VALLEY AUTHORITY</u> <div style="text-align: center; font-size: small;">Name</div> <u>1101 Market St., Chattanooga, TN 37402</u> <div style="text-align: center; font-size: small;">Address</div> | | | | Date <u>01-22-2003</u> Sheet <u>1</u> of <u>2</u> | | | |
| 2. Plant <u>Watts Bar Nuclear Plant</u> <div style="text-align: center; font-size: small;">Name</div> <u>P. O. Box 2000, Spring City, TN 37381</u> <div style="text-align: center; font-size: small;">Address</div> | | | | Unit <u>Unit 1</u> W/O <u>02-013268-000</u> <div style="text-align: center; font-size: small;">Repair Organization P.O. No., Job No., etc.</div> | | | |
| 3. Work Performed by <u>MECHANICAL MAINTENANCE</u> <div style="text-align: center; font-size: small;">Name</div> <u>P.O. BOX 2000 SPRING CITY, TN 37381</u> <div style="text-align: center; font-size: small;">Address</div> | | | | Type Code Symbol Stamp <u>N/A</u> Authorization No <u>N/A</u> Expiration Date <u>N/A</u> | | | |
| 4. Identification of system <u>067 - E.R.C.W.</u> | | | | | | | |
| 5. (a) Applicable Construction Code <u> Sect. III</u> 19 74 Edition, <u>n/a</u> Addenda, <u>n/a</u> Code Case <u></u> (b) Applicable Edition of Section XI Utilized for Repairs or Replacements <u>1989</u> | | | | | | | |
| 6. Identification of Components Repaired or Replaced and Replacement Components | | | | | | | |
| Name of Component | Name of Manufacturer | Manufacturer Serial No. | National Board No. | Other Identification | Year Built | Repaired, Replaced, or Replacement | ASME Code Stamped (Yes or No) |
| VALVE 1-FCV-067-0096-B | HENRY PRATT | D-0045-6-2 | N/A | BUTTERFLY VALVE | 1976 | REPLACED | YES |
| VALVE 1-FCV-067-0096-B | HENRY PRATT | 4632840D-1-8 | N/A | BUTTERFLY VALVE | 2003 | REPLACEMENT | YES |
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| 7. Description of Work <u>REPLACED COMPLETE VALVE</u> | | | | | | | |
| 8. Tests Conducted. Hydrostatic <input type="checkbox"/> Pneumatic <input type="checkbox"/> Nominal Operating Pressure <input checked="" type="checkbox"/> Other <input type="checkbox"/> Pressure _____ psi Test Temp <u>Not</u> °F | | | | | | | |
| NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form. | | | | | | | |

| FORM NIS-2 (Back) | |
|---|---|
| 9. Remarks | <u>TRACKING NO. RR-05-032</u> <small>Applicable Manufacturer's Data Reports to be Attached</small> |
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| | |
| CERTIFICATE OF COMPLIANCE | |
| <p>We certify that the statements made in the report are correct and this <u>REPLACEMENT</u> conforms to the rules of the ASME Code, Section XI.</p> <p style="text-align: right; margin-right: 100px;">repair or replacement</p> | |
| Type Code Symbol Stamp <u>N/A</u> | |
| Certificate of Authorization No. <u>N/A</u> | |
| Signed <u><i>J. Collier</i></u> <u>Maintenance Specialist</u> Date <u>10/12</u> 20 <u>03</u> <small>Owner or Owner's Designee, Title</small> | |
| CERTIFICATE OF INSERVICE INSPECTION | |
| <p>I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of <u>Tennessee</u> and employed by <u>HSB-CT</u> of <u>Hartford CT.</u> have inspected the components described in this Owner's Report during the period <u>10/3/03</u> to <u>12/12/03</u> and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.</p> <p>By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.</p> | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <u><i>Bruce M. Earnigh</i></u> Inspector's Signature </div> <div style="width: 50%;"> Commissions <u>TN 2534</u> National Board, State, Province, and Endorsements </div> </div> | |
| Date <u>10/12</u> 20 <u>03</u> | |

| FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS As Required by the Provisions of the ASME Code Section XI | | | | | | | |
|--|----------------------|-------------------------|--------------------|---|------------|------------------------------------|-------------------------------|
| 1. Owner TENNESSEE VALLEY AUTHORITY <small>Name</small> 1101 Market St., Chattanooga, TN 37402 <small>Address</small> | | | | Date 10-18-03 04-22-2003 50010-12-03 | | | |
| 2. Plant Watts Bar Nuclear Plant <small>Name</small> P. O. Box 2000, Spring City, TN 37381 <small>Address</small> | | | | Sheet 1 of 2 Unit Unit 1 W/O 02-013270-000 | | | |
| 3. Work Performed by MECHANICAL MAINTENANCE <small>Name</small> P.O. BOX 2000 SPRING CITY, TN 37381 <small>Address</small> | | | | Repair Organization P.O. No., Job No., etc. Type Code Symbol Stamp N/A Authorization No N/A Expiration Date N/A | | | |
| 4. Identification of system 067 - E.R.C.W. | | | | | | | |
| 5. (a) Applicable Construction Code Sect. III 19 74 Edition, n/a Addenda, n/a Code Case (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989 | | | | | | | |
| 6. Identification of Components Repaired or Replaced and Replacement Components | | | | | | | |
| Name of Component | Name of Manufacturer | Manufacturer Serial No. | National Board No. | Other Identification | Year Built | Repaired, Replaced, or Replacement | ASME Code Stamped (Yes or No) |
| VALVE 1-FCV-067-0088-B | HENRY PRATT | D-0045-6-10 | N/A | BUTTERFLY VALVE | 1976 | REPLACED | YES |
| VALVE 1-FCV-067-0088-B | HENRY PRATT | 46328400-1-9 | N/A | BUTTERFLY VALVE | 2003 | REPLACEMENT | YES |
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| 7. Description of Work REPLACED COMPLETE VALVE | | | | | | | |
| 8. Tests Conducted: Hydrostatic <input type="checkbox"/> Pneumatic <input type="checkbox"/> Nominal Operating Pressure <input checked="" type="checkbox"/> Other <input type="checkbox"/> Pressure _____ psi Test Temp Not °F | | | | | | | |
| NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form. | | | | | | | |

| FORM NIS-2 (Back) | |
|---|---|
| 9. Remarks | <div style="display: flex; justify-content: space-between;"> TRACKING NO. <u>RR-05-033</u> </div> <div style="font-size: small; text-align: center; margin-top: 2px;">Applicable Manufacturer's Data Reports to be Attached</div> |
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| CERTIFICATE OF COMPLIANCE | |
| <p>We certify that the statements made in the report are correct and this <u>REPLACEMENT</u> conforms to the rules of the ASME Code, Section XI.</p> <p style="text-align: right; margin-right: 100px;">repair or replacement</p> | |
| Type Code Symbol Stamp <u>N/A</u> | |
| Certificate of Authorization No. <u>N/A</u> | |
| <div style="display: flex; justify-content: space-between;"> <div style="flex-grow: 1;"> Signed <u>J. Collier Maintenance Specialist</u> <div style="font-size: x-small; text-align: center;">Owner or Owner's Designee, Title</div> </div> <div style="text-align: right;"> Date <u>10/13</u> 20 <u>03</u> </div> </div> | |
| CERTIFICATE OF INSERVICE INSPECTION | |
| <p>I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of <u>Tennessee</u> and employed by <u>HSB-CT</u> of <u>Hartford CT.</u> have inspected the components described in this Owner's Report during the period <u>10/3/03</u> to <u>10/13/03</u> and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.</p> <p>By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.</p> | |
| <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="flex-grow: 1;"> <u>Bruce M. Earnigh</u> <div style="font-size: x-small; text-align: center;">Inspector's Signature</div> </div> <div style="text-align: right;"> Commissions <u>TN 2534</u> <div style="font-size: x-small; text-align: center;">National Board, State, Province, and Endorsements</div> </div> </div> | |
| Date <u>10/13</u> 20 <u>03</u> | |

| FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS As Required by the Provisions of the ASME Code Section XI | | | | | | | |
|---|----------------------|-------------------------|--------------------|--|------------|------------------------------------|-------------------------------|
| 1. Owner <u>TENNESSEE VALLEY AUTHORITY</u> <div style="text-align: center; font-size: small;">Name</div> <u>1101 Market St., Chattanooga, TN 37402</u> <div style="text-align: center; font-size: small;">Address</div> | | | | Date <u>01-22-2003</u> Sheet <u> / </u> of <u> 2 </u> | | | |
| 2. Plant <u>Watts Bar Nuclear Plant</u> <div style="text-align: center; font-size: small;">Name</div> <u>P. O. Box 2000, Spring City, TN 37381</u> <div style="text-align: center; font-size: small;">Address</div> | | | | Unit <u>Unit 1</u> W/O <u>02-013271-000</u> <div style="text-align: center; font-size: small;">Repair Organization P.O. No., Job No., etc.</div> | | | |
| 3. Work Performed by <u>MECHANICAL MAINTENANCE</u> <div style="text-align: center; font-size: small;">Name</div> <u>P.O. BOX 2000 SPRING CITY, TN 37381</u> <div style="text-align: center; font-size: small;">Address</div> | | | | Type Code Symbol Stamp <u>N/A</u> Authorization No <u>N/A</u> Expiration Date <u>N/A</u> | | | |
| 4. Identification of system <u>067 - E.R.C.W.</u> | | | | | | | |
| 5. (a) Applicable Construction Code <u>Sect.III</u> 19 74 Edition, <u>n/a</u> Addenda, <u>n/a</u> Code Case (b) Applicable Edition of Section XI Utilized for Repairs or Replacements <u>1989</u> | | | | | | | |
| 6. Identification of Components Repaired or Replaced and Replacement Components | | | | | | | |
| Name of Component | Name of Manufacturer | Manufacturer Serial No. | National Board No. | Other Identification | Year Built | Repaired, Replaced, or Replacement | ASME Code Stamped (Yes or No) |
| VALVE 1-FCV-067-0083-B | HENRY PRATT | D-0045-6-11 | N/A | BUTTERFLY VALVE | 1976 | REPLACED | YES |
| VALVE 1-FCV-067-0083-B | HENRY PRATT | 46329HDD-1-10 | N/A | BUTTERFLY VALVE | 2003 | REPLACEMENT | YES |
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| 7. Description of Work <u>REPLACED COMPLETE VALVE</u> | | | | | | | |
| 8. Tests Conducted. Hydrostatic <input checked="" type="checkbox"/> Pneumatic <input type="checkbox"/> Nominal Operating Pressure <input checked="" type="checkbox"/> Other <input type="checkbox"/> Pressure _____ psi Test Temp <u>NOT</u> °F | | | | | | | |
| NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form. | | | | | | | |

FORM NIS-2 (Back)

9. Remarks TRACKING NO. RR-05-034
Applicable Manufacturer's Data Reports to be Attached

CERTIFICATE OF COMPLIANCE

We certify that the statements made in the report are correct and this REPLACEMENT conforms to the
rules of the ASME Code, Section XI.

Type Code Symbol Stamp N/ACertificate of Authorization No. N/ASigned J. Calli Maintenance Specialist Date 10/12 20 03
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel
Inspectors and the State or Province of Tennessee and employed by HSB-CT
of Hartford CT. have inspected the components described in this

Owner's Report during the period 10/3/03 to 10/12/03 and state that to the best of
my knowledge and belief, the Owner has performed examinations and taken corrective measures described in
this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied,
concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither
the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss
of any kind arising from or connected with this inspection.

Bruce M. Earnigh
Inspector's Signature

Commissions TN 2534
National Board, State, Province, and Endorsements

Date 10/12 20 03

| FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS As Required by the Provisions of the ASME Code Section XI | | | | | | | |
|---|----------------------|-------------------------|--------------------|--|------------|------------------------------------|-------------------------------|
| 1. Owner TENNESSEE VALLEY AUTHORITY | | | | Date 01-22-2003 | | | |
| <div style="text-align: center;">Name 1101 Market St., Chattanooga, TN 37402</div> | | | | <div style="text-align: center;">Sheet 1 of 2</div> | | | |
| 2. Plant Watts Bar Nuclear Plant | | | | Unit Unit 1 | | | |
| <div style="text-align: center;">Address P. O. Box 2000, Spring City, TN 37381</div> | | | | W/O 02-013272-000 | | | |
| 3. Work Performed by MECHANICAL MAINTENANCE | | | | Repair Organization P.O. No., Job No., etc. Type Code Symbol Stamp N/A | | | |
| <div style="text-align: center;">Name P.O. BOX 2000 SPRING CITY, TN 37381</div> | | | | Authorization No N/A | | | |
| <div style="text-align: center;">Address</div> | | | | Expiration Date N/A | | | |
| 4. Identification of system 067 - E.R.C.W. | | | | | | | |
| 5. (a) Applicable Construction Code Sect. III 19 74 Edition, n/a Addenda, n/a Code Case | | | | | | | |
| (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989 | | | | | | | |
| 6. Identification of Components Repaired or Replaced and Replacement Components | | | | | | | |
| Name of Component | Name of Manufacturer | Manufacturer Serial No. | National Board No. | Other Identification | Year Built | Repaired, Replaced, or Replacement | ASME Code Stamped (Yes or No) |
| VALVE 1-FCV-067-0104-A | HENRY PRATT | D-0045-6-6 | N/A | BUTTERFLY VALVE | 1976 | REPLACED | YES |
| VALVE 1-FCV-067-0104-A | HENRY PRATT | 46326400-1-7 | N/A | BUTTERFLY VALVE | 2003 | REPLACEMENT | YES |
| BOLTING MNT'L 3/4" ALL-THD | NOVA | HT# N/A | N/A | LOT 35995051 | 1998 | REPLACED | N/A |
| NUTS - 3/4" | NOVA | HT# 887035 | N/A | | | REPLACED | N/A |
| 7. Description of Work REPLACED COMPLETE VALVE | | | | | | | |
| A. Tests Conducted: Hydrostatic <input type="checkbox"/> Pneumatic <input type="checkbox"/> Nominal Operating Pressure <input checked="" type="checkbox"/> Other <input type="checkbox"/> Pressure _____ psi Test Temp _____ °F | | | | | | | |
| NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form. | | | | | | | |

9. Remarks

TRACKING NO. RR-05-035

Applicable Manufacturer's Data Reports to be Attached

CERTIFICATE OF COMPLIANCE

We certify that the statements made in the report are correct and this REPLACEMENT conforms to the rules of the ASME Code, Section XI.

Type Code Symbol Stamp N/ACertificate of Authorization No. N/A

Signed

J. Collins Maintenance SpecialistDate 10/15 20 03

Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB-CT of Hartford CT. have inspected the components described in this Owner's Report during the period 10/3/03 to 10/15/03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

Bruce M. Earnigh

Inspector's Signature

Commissions

TN 2534

National Board, State, Province, and Endorsements

Date

10/1520 03

| FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS As Required by the Provisions of the ASME Code Section XI | | | | | | | |
|--|----------------------|-------------------------|--------------------|--|------------|------------------------------------|-------------------------------|
| 1. Owner <u>TENNESSEE VALLEY AUTHORITY</u> <small>Name</small> <u>1101 Market St., Chattanooga, TN 37402</u> <small>Address</small> | | | | Date <u>01-22-2003</u> Sheet <u>1</u> of <u>2</u> | | | |
| 2. Plant <u>Watts Bar Nuclear Plant</u> <small>Name</small> <u>P. O. Box 2000, Spring City, TN 37381</u> <small>Address</small> | | | | Unit <u>Unit 1</u> W/O <u>02-013273-000</u> <small>Repair Organization P.O. No., Job No., etc.</small> | | | |
| 3. Work Performed by <u>MECHANICAL MAINTENANCE</u> <small>Name</small> <u>P.O. BOX 2000 SPRING CITY, TN 37381</u> <small>Address</small> | | | | Type Code Symbol Stamp <u>N/A</u> Authorization No <u>N/A</u> Expiration Date <u>N/A</u> | | | |
| 4. Identification of system <u>067 - E.R.C.W.</u> | | | | | | | |
| 5. (a) Applicable Construction Code <u>Sect. III</u> 19 74 Edition, <u>n/a</u> Addenda, <u>n/a</u> Code Case (b) Applicable Edition of Section XI Utilized for Repairs or Replacements <u>1989</u> | | | | | | | |
| 6. Identification of Components Repaired or Replaced and Replacement Components | | | | | | | |
| Name of Component | Name of Manufacturer | Manufacturer Serial No. | National Board No. | Other Identification | Year Built | Repaired, Replaced, or Replacement | ASME Code Stamped (Yes or No) |
| VALVE 1-FCV-067-0107-A | HENRY PRATT | D-0045-6-9 | N/A | BUTTERFLY VALVE | 1976 | REPLACED | YES |
| VALVE 1-FCV-067-0107-A | HENRY PRATT | 463284DD-1-6 | N/A | BUTTERFLY VALVE | 2003 | REPLACEMENT | YES |
| BOLTING MAT'L 3/4" ALU-THD | NOVA | HT# N/A B-87635 | N/A | LOT # 35995051 | 1998 | REPLACED | N/A |
| NUTS - 3/4" | NOVA | HT# B-87635 | N/A | | | REPLACED | N/A |
| 7. Description of Work <u>REPLACED COMPLETE VALVE</u> | | | | | | | |
| 8. Tests Conducted: Hydrostatic <input type="checkbox"/> Pneumatic <input type="checkbox"/> Nominal Operating Pressure <input checked="" type="checkbox"/> Other <input type="checkbox"/> Pressure _____ psi Test Temp _____ °F | | | | | | | |
| NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form. | | | | | | | |

FORM NIS-2 (Back)

9. Remarks TRACKING NO. RR-05-036

Applicable Manufacturer's Data Reports to be Attached

CERTIFICATE OF COMPLIANCE

We certify that the statements made in the report are correct and this REPLACEMENT conforms to the rules of the ASME Code, Section XI.

Type Code Symbol Stamp N/ACertificate of Authorization No. N/ASigned J. Collier Maintenance Specialist Date 10/14 20 03
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB-CT of Hartford CT. have inspected the components described in this Owner's Report during the period 10/3/03 to 10/15/03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

Brian M. Earnings Commissions TN 2534
Inspector's Signature National Board, State, Province, and Endorsements
Date 10/15/03 20 03

| FORM NIS-2: OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS As Required by the Provisions of the ASME Code Section XI | | | | | | | |
|---|----------------------|-------------------------|--------------------|---|------------|------------------------------------|-------------------------------|
| 1. Owner <u>TENNESSEE VALLEY AUTHORITY</u> <small>Name</small> <u>1101 Market St., Chattanooga, TN 37402</u> <small>Address</small> | | | | Date <u>01-22-2003</u> Sheet <u>1</u> of <u>2</u> | | | |
| 2. Plant <u>Watts Bar Nuclear Plant</u> <small>Name</small> <u>P. O. Box 2000, Spring City, TN 37381</u> <small>Address</small> | | | | Unit <u>Unit 1</u> W/O <u>02-013274-000</u> | | | |
| 3. Work Performed by <u>MECHANICAL MAINTENANCE</u> <small>Name</small> <u>P.O. BOX 2000 SPRING CITY, TN 37381</u> <small>Address</small> | | | | <small>Repair Organization P.O. No., Job No., etc.</small> Type Code Symbol Stamp <u>N/A</u> Authorization No <u>N/A</u> Expiration Date <u>N/A</u> | | | |
| 4. Identification of system <u>067 - E.R.C.W.</u> | | | | | | | |
| 5. (a) Applicable Construction Code <u>Sect. III</u> 19 74 Edition, n/a Addenda, n/a Code Case (b) Applicable Edition of Section XI Utilized for Repairs or Replacements <u>1989</u> | | | | | | | |
| 6. Identification of Components Repaired or Replaced and Replacement Components | | | | | | | |
| Name of Component | Name of Manufacturer | Manufacturer Serial No. | National Board No. | Other Identification | Year Built | Repaired, Replaced, or Replacement | ASME Code Stamped (Yes or No) |
| VALVE 1-FCV-067-0099-A | HENRY PRATT | D-0045-6-1 | N/A | BUTTERFLY VALVE | 1976 | REPLACED | YES |
| VALVE 1-FCV-067-0099-A | HENRY PRATT | H6328400-1-1 | N/A | BUTTERFLY VALVE | 2003 | REPLACEMENT | YES |
| BOLTING MAT'L 3/4" ALL THD | NOVA | HT# N/A | N/A | 9C10114/03 1-FCV-067-0099-A LOT 35995 051 | 1998 | Replaced | N/A |
| NUTS - 3/4" | NOVA | HT# B 87035 | N/A | | | Replaced | |
| 7. Description of Work <u>REPLACED COMPLETE VALVE & BOLTING MAT'L</u> | | | | | | | |
| 8. Tests Conducted: Hydrostatic <input type="checkbox"/> Pneumatic <input type="checkbox"/> Nominal Operating Pressure <input checked="" type="checkbox"/> Other <input type="checkbox"/> Pressure _____ psi Test Temp _____ °F | | | | | | | |
| NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form. | | | | | | | |

| FORM NIS-2 (Back) | |
|---|---|
| 9. Remarks | <u>TRACKING NO. RR-05-037</u> <small>Applicable Manufacturer's Data Reports to be Attached</small> |
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| CERTIFICATE OF COMPLIANCE | |
| <p>We certify that the statements made in the report are correct and this <u>REPLACEMENT</u> conforms to the rules of the ASME Code, Section XI.</p> | |
| Type Code Symbol Stamp <u>N/A</u> | |
| Certificate of Authorization No. <u>N/A</u> | |
| Signed <u>J. Collier Maintenance Specialist</u> Date <u>10/14</u> 20 <u>03</u> <small>Owner or Owner's Designee, Title</small> | |
| CERTIFICATE OF INSERVICE INSPECTION | |
| <p>I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of <u>Tennessee</u> and employed by <u>HSB-CT</u> of <u>Hartford Ct.</u> have inspected the components described in this Owner's Report during the period <u>10/3/03</u> to <u>10/15/03</u> and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.</p> <p>By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.</p> | |
| <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;"> <u>Bruce M. Earnigh</u> <small>Inspector's Signature</small> </div> <div style="text-align: center;"> <u>TN 2534</u> <small>Commissions National Board, State, Province, and Endorsements</small> </div> </div> | |
| Date <u>10/15</u> 20 <u>03</u> | |

66

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
 As Required by the Provisions of the ASME Code Section XI

1. Owner TENNESSEE VALLEY AUTHORITY Date 10/05/03
 Name
 1101 Market St., Chattanooga, TN 37402
 Sheet 1 of 2

2. Plant Watts Bar Nuclear Plant Unit Unit 1
 Address
 P. O. Box 2000, Spring City, TN 37381
 WBN MAINT. W.O. 01-013232-000

3. Work Performed by WATTS BAR NUCLEAR PLANT Repair Organization P.O. No., Job No., etc.
 Name
 P.O. BOX 2000, SPRING CITY, TENN. 37381
 Type Code Symbol Stamp N/A
 Authorization No N/A
 Expiration Date N/A

4. Identification of system SYSTEM 062/CVCS

5. (a) Applicable Construction Code ASME SECT. III 19 71 Edition, WINTER 1971 Addenda, N/A Code Case
 (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989

6. Identification of Components Repaired or Replaced and Replacement Components

| Name of Component | Name of Manufacturer | Manufacturer Serial No. | National Board No. | Other Identification | Year Built | Repaired, Replaced, or Replacement | ASME Code Stamped (Yes or No) |
|-------------------------------------|----------------------|-------------------------|--------------------|----------------------|------------|------------------------------------|-------------------------------|
| 1-PMP-062-0108-A OB SEAL HOUSING | PACIFIC PUMPS | B48604 | 13 | HT# 818398-52-AA | 1974 | REPLACED | NO |
| 1-PMP-062-0108-A OB SEAL PLATE | PACIFIC PUMPS | B48604 | 13 | HT# 67953-68-AE | 1974 | REPLACED | NO |
| 1-PMP-62-108-A OB Seal Housing | Pacific Pump | B48532 | N/A | HT# 63893-21-AC | 74 | Replacement | NO |
| 1-PMP-62-108-A OB Seal Plate | Pacific Pump | B48532 | N/A | HT# 59785-21-AB | 74 | Replacement | NO |
| 1-PMP-62-108-A Pacific Pump | Pacific Pump | 48590 | 13 N/A | 500 10403 N/A | 74 | N/A | NO |
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7. Description of Work REPLACE OUTBOARD MECHANICAL SEAL , 1-PMP-062-0108-A

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☒
 Other ☒ Pressure _____ psi Test Temp NO.T °F

NOTE: 72-32-02 (Vibration test)
 Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

| FORM NIS-2 (Back) | |
|--|---|
| 9. Remarks | TRACKING NO.: <u>RR-05-045</u> <small>Applicable Manufacturer's Data Reports to be Attached</small> |
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| CERTIFICATE OF COMPLIANCE | |
| We certify that the statements made in the report are correct and this <u>Replacement</u> conforms to the rules of the ASME Code, Section XI. <div style="text-align: right;"><small>repair or replacement</small></div> | |
| Type Code Symbol Stamp | <u>N/A</u> |
| Certificate of Authorization No. | <u>N/A</u> |
| Signed | <u>J. Collier Maintenance Specialist</u> Date <u>10/7</u> 20 <u>03</u> <small>Owner or Owner's Designee, Title</small> |
| CERTIFICATE OF INSERVICE INSPECTION | |
| <p>I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of <u>Tennessee</u> and employed by <u>HSB-CT</u> of <u>Hartford CT.</u> have inspected the components described in this Owner's Report during the period <u>2/14/03</u> to <u>10/8/03</u> and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.</p> <p>By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.</p> | |
| <u>Bruce M. Earnigh</u> Inspector's Signature | Commissions <u>TN 2534</u> National Board, State, Province, and Endorsements |
| Date <u>10/5</u> 20 <u>03</u> | |

| FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS As Required by the Provisions of the ASME Code Section XI | | | | | | | |
|---|----------------------|-------------------------|--------------------|--|------------|------------------------------------|-------------------------------|
| 1. Owner <u>TENNESSEE VALLEY AUTHORITY</u> <div style="text-align: center; font-size: small;">Name</div> <u>1101 Market St., Chattanooga, TN 37402</u> <div style="text-align: center; font-size: small;">Address</div> | | | | Date <u>10-17-03</u> Sheet <u>1</u> of <u>2</u> | | | |
| 2. Plant <u>Watts Bar Nuclear Plant</u> <div style="text-align: center; font-size: small;">Name</div> <u>P. O. Box 2000, Spring City, TN, 37381</u> <div style="text-align: center; font-size: small;">Address</div> | | | | Unit <u>Unit 1</u> Work Order <u>02-012478-001</u> | | | |
| 3. Work Performed by <u>TVA Modifications</u> <div style="text-align: center; font-size: small;">Address</div> <u>Watts Bar Nuclear Plant</u> <div style="text-align: center; font-size: small;">Name</div> | | | | <div style="text-align: center; font-size: small;">Repair Organization P.O. No., Job No., etc.</div> Type Code Symbol Stamp <u>N/A</u> Authorization No <u>N/A</u> Expiration Date <u>N/A</u> | | | |
| 4. Identification of system <u>015 STEAM GENERATOR BLOWDOWN</u> | | | | | | | |
| 5. (a) Applicable Construction Code <u>ASME III</u> 19 71 Edition, <u>S73</u> Addenda, <u>N/A</u> Code Case (b) Applicable Edition of Section XI Utilized for Repairs or Replacements <u>1989</u> | | | | | | | |
| 6. Identification of Components Repaired or Replaced and Replacement Components | | | | | | | |
| Name of Component | Name of Manufacturer | Manufacturer Serial No. | National Board No. | Other Identification | Year Built | Repaired, Replaced, or Replacement | ASME Code Stamped (Yes or No) |
| 1-PIPE-015-B | N/A | N/A | N/A | N/A | NA | Replaced | No |
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| 7. Description of Work <u>REPLACE CARBON STEEL FITTINGS WITH CHROME-MOLY FITTING</u> | | | | | | | |
| 8. Tests Conducted: Hydrostatic <input type="checkbox"/> Pneumatic <input type="checkbox"/> Nominal Operating Pressure <input checked="" type="checkbox"/> <u>SEE WORK ORDER</u> <div style="text-align: right; font-size: small;">02-012478-001</div> <div style="text-align: center; font-size: small;">Other <input type="checkbox"/> Pressure _____ psi Test Temp _____ °F </div> | | | | | | | |
| NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form. | | | | | | | |

NIS-2 FORM SHEET 2 OF 2

| FORM NIS-2 (Back) | |
|---|---|
| 9. Remarks | Code Case N-416- <u>X</u> Tracking No. <u>RR-05-047</u> <div style="text-align: center; margin-top: 5px;"> <u>2</u> <u>WMS</u> <u>9/7/2003</u> </div> |
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| CERTIFICATE OF COMPLIANCE | |
| We certify that the statements made in the report are correct and this <u>replacement</u> conforms to the rules of the ASME Code, Section XI. <div style="text-align: right; margin-right: 100px;">repair or replacement</div> | |
| Type Code Symbol Stamp | <u>NA</u> |
| Certificate of Authorization No. | <u>NA</u> |
| Signed | <u><i>[Signature]</i></u> <u>FIELD ENGINEER</u> Date <u>10-17</u> 20 <u>03</u> <small>Owner or Owner's Designee, Title</small> |
| CERTIFICATE OF INSERVICE INSPECTION | |
| <p>I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of <u>Tennessee</u> and employed by <u>HSB-CT</u> of <u>Hartford CT.</u> have inspected the components described in this Owner's Report during the period <u>2/19/03</u> to <u>10/17/03</u> and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.</p> <p>By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.</p> | |
| <u><i>Bruce M. Earnigh</i></u> Inspector's Signature | Commissions <u>TN2534</u> National Board, State, Province, and Endorsements |
| Date <u>10/17</u> 20 <u>03</u> | |

| FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS As Required by the Provisions of the ASME Code Section XI | | | | | | | |
|--|----------------------|-------------------------|--|----------------------|------------|------------------------------------|-------------------------------|
| 1. Owner <u>TENNESSEE VALLEY AUTHORITY</u> | | | Date <u>10/17/2003</u> | | | | |
| <small>Name</small> 1101 Market St., Chattanooga, TN 37402 | | | Sheet <u>1</u> of <u>2</u> | | | | |
| <small>Address</small> | | | Unit <u>Unit 1</u> | | | | |
| 2. Plant <u>Watts Bar Nuclear Plant</u> | | | Work Order <u>02-012478-002</u> | | | | |
| <small>Name</small> P. O. Box 2000, Spring City, TN, 37381 | | | <small>Repair Organization P.O. No., Job No., etc.</small> | | | | |
| 3. Work Performed by <u>TVA Modifications</u> | | | Type Code Symbol Stamp <u>N/A</u> | | | | |
| <small>Address</small> | | | <small>Name</small> | | | | |
| Watts Bar Nuclear Plant | | | Authorization No <u>N/A</u> | | | | |
| <small>Address</small> | | | Expiration Date <u>N/A</u> | | | | |
| 4. Identification of system <u>015 STEAM GENERATOR BLOWDOWN</u> | | | | | | | |
| 5. (a) Applicable Construction Code <u>ASME III</u> <u>19 71</u> Edition, <u>S73</u> Addenda, <u>N/A</u> Code Case | | | | | | | |
| (b) Applicable Edition of Section XI Utilized for Repairs or Replacements <u>1989</u> | | | | | | | |
| 6. Identification of Components Repaired or Replaced and Replacement Components | | | | | | | |
| Name of Component | Name of Manufacturer | Manufacturer Serial No. | National Board No. | Other Identification | Year Built | Repaired, Replaced, or Replacement | ASME Code Stamped (Yes or No) |
| 1-PIPE-015-B | N/A | N/A | N/A | N/A | NA | Replaced | No |
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| 7. Description of Work <u>REPLACE CARBON STEEL FITTINGS WITH CHROME-MOLY FITTING</u> | | | | | | | |
| 8. Tests Conducted: Hydrostatic <input type="checkbox"/> Pneumatic <input type="checkbox"/> Nominal Operating Pressure <u>SEE WORK ORDER</u> Other <input type="checkbox"/> Pressure <u>02-012478-004</u> Test Temp <u>°F</u> | | | | | | | |
| NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in.; (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form. | | | | | | | |

NIS-2 FORM SHEET 2 OF 2

| FORM NIS-2 (Back) | |
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| 9. Remarks | Code Case N-416-1 Tracking No. <u>RR-05-048</u> <small>Applicable Manufacturer's Data Reports to be Attached</small> <u>2</u> <u>WMO</u> <u>9/17/2003</u> |
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| CERTIFICATE OF COMPLIANCE | |
| We certify that the statements made in the report are correct and this <u>replacement</u> conforms to the rules of the ASME Code, Section XI. <small>repair or replacement</small> | |
| Type Code Symbol Stamp | <u>N/A</u> |
| Certificate of Authorization No. | <u>N/A</u> |
| Signed | <u><i>Kurt H. Bull</i></u> <u>FIELD ENGINEER</u> Date <u>10/17/2003</u> 20 <u>03</u> <small>Owner or Owner's Designee, Title</small> <small>Enc 10/17/2003</small> |
| CERTIFICATE OF INSERVICE INSPECTION | |
| I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of <u>Tennessee</u> and employed by <u>HSB-CT</u> of <u>Hartford CT.</u> have inspected the components described in this Owner's Report during the period <u>2/19/03</u> to <u>10/17/03</u> and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection. | |
| <u><i>Bruce M. Esmigh</i></u> Inspector's Signature | Commissions <u>TN2534</u> National Board, State, Province, and Endorsements |
| Date <u>10/17</u> 20 <u>03</u> | |

| FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS As Required by the Provisions of the ASME Code Section XI | | | | | | | |
|---|----------------------|-------------------------|--------------------|--|------------|------------------------------------|-------------------------------|
| 1. Owner <u>TENNESSEE VALLEY AUTHORITY</u> <div style="text-align: center; font-size: small;">Name</div> <u>1101 Market St., Chattanooga, TN 37402</u> <div style="text-align: center; font-size: small;">Address</div> | | | | Date <u>10/17/2003</u> Sheet <u>1</u> of <u>2</u> | | | |
| 2. Plant <u>Watts Bar Nuclear Plant</u> <div style="text-align: center; font-size: small;">Name</div> <u>P. O. Box 2000, Spring City, TN, 37381</u> <div style="text-align: center; font-size: small;">Address</div> | | | | Unit <u>Unit 1</u> Work Order <u>02-012478-003</u> | | | |
| 3. Work Performed by <u>TVA Modifications</u> <div style="text-align: center; font-size: small;">Address</div> <u>Watts Bar Nuclear Plant</u> <div style="text-align: center; font-size: small;">Name</div> | | | | <div style="text-align: center; font-size: small;">Repair Organization P.O. No., Job No., etc.</div> Type Code Symbol Stamp <u>N/A</u> Authorization No <u>N/A</u> Expiration Date <u>N/A</u> | | | |
| 4. Identification of system <u>015 STEAM GENERATOR BLOWDOWN</u> | | | | | | | |
| 5. (a) Applicable Construction Code <u>ASME III</u> 19 71 Edition, S73 Addenda, <u>N/A</u> Code Case (b) Applicable Edition of Section XI Utilized for Repairs or Replacements <u>1989</u> | | | | | | | |
| 6. Identification of Components Repaired or Replaced and Replacement Components | | | | | | | |
| Name of Component | Name of Manufacturer | Manufacturer Serial No. | National Board No. | Other Identification | Year Built | Repaired, Replaced, or Replacement | ASME Code Stamped (Yes or No) |
| 1-PIPE-015-B | N/A | N/A | N/A | N/A | NA | Replaced | No |
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| 7. Description of Work <u>REPLACE CARBON STEEL FITTINGS WITH CHROME-MOLY FITTING</u> | | | | | | | |
| 8. Tests Conducted: Hydrostatic <input type="checkbox"/> Pneumatic <input type="checkbox"/> Nominal Operating Pressure <input checked="" type="checkbox"/> <u>SEE WORK ORDER</u> <div style="text-align: center; font-size: small;">Other <input type="checkbox"/> Pressure psi Test Temp °F</div> <div style="text-align: center; font-size: small;"><u>02-012478-004</u></div> | | | | | | | |
| NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in.; (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form. | | | | | | | |

NIS-2 FORM SHEET 2 OF 2

| FORM NIS-2 (Back) | |
|---|---|
| 9. Remarks | <div style="display: flex; justify-content: space-between;"> Code Case N-416-<u>1</u> Tracking No. <u>PR05-019</u> </div> <div style="margin-top: 5px;"> <u>2</u> Applicable Manufacturer's Data Reports to be Attached <u>WMO 9/7/2003</u> </div> |
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| CERTIFICATE OF COMPLIANCE | |
| <p>We certify that the statements made in the report are correct and this <u>replacement</u> conforms to the rules of the ASME Code, Section XI.</p> | |
| <p>Type Code Symbol Stamp <u>N/A</u></p> | |
| <p>Certificate of Authorization No. <u>N/A</u></p> | |
| <p>Signed <u><i>Wm J. Curren</i></u> <u>PE ENGINEER</u> Date <u>10/17</u> 20 <u>03</u> <small>Owner or Owner's Designee, Title</small></p> | |
| CERTIFICATE OF INSERVICE INSPECTION | |
| <p>I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of <u>Tennessee</u> and employed by <u>HSB-CT</u> of <u>Hartford Ct.</u> have inspected the components described in this Owner's Report during the period <u>2/19/03</u> to <u>10/17/03</u> and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.</p> <p>By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.</p> | |
| <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;"> <u><i>Bruce M. Earnigh</i></u> Inspector's Signature </div> <div style="text-align: center;"> <u>Commission</u> <u>TN2534</u> <small>National Board, State, Province, and Endorsements</small> </div> </div> | |
| <p>Date <u>10/11</u> 20<u>03</u></p> | |

| FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS | | | | | | | |
|--|----------------------|--|--------------------|--|------------|------------------------------------|-------------------------------|
| As Required by the Provisions of the ASME Code Section XI | | | | | | | |
| 1. Owner <u>TENNESSEE VALLEY AUTHORITY</u> | | | | Date <u>24/03</u> ^{WMC} <u>10/17/2003</u> | | | |
| Name <u>1101 Market St., Chattanooga, TN 37402</u> | | | | Sheet <u>1</u> of <u>2</u> | | | |
| 2. Plant <u>Watts Bar Nuclear Plant</u> | | | | Unit <u>Unit 1</u> | | | |
| Address <u>P. O. Box 2000, Spring City, TN, 37381</u> | | | | Work Order <u>02-003680-000</u> | | | |
| 3. Work Performed by <u>TVA Modifications</u> | | | | Repair Organization P.O. No., Job No., etc. Type Code Symbol Stamp <u>N/A</u> | | | |
| Name <u>Watts Bar Nuclear Plant</u> | | | | Authorization No <u>N/A</u> | | | |
| Address | | | | Expiration Date <u>N/A</u> | | | |
| 4. Identification of system <u>062 CHEMICAL AND VOLUME CONTROL</u> | | | | | | | |
| 5. (a) Applicable Construction Code <u>ASME III</u> <u>19 71</u> Edition, <u>S73</u> Addenda, <u>N/A</u> Code Case | | | | | | | |
| (b) Applicable Edition of Section XI Utilized for Repairs or Replacements <u>1989</u> | | | | | | | |
| 6. Identification of Components Repaired or Replaced and Replacement Components | | | | | | | |
| Name of Component | Name of Manufacturer | Manufacturer Serial No. | National Board No. | Other Identification | Year Built | Repaired, Replaced, or Replacement | ASME Code Stamped (Yes or No) |
| 1-ISV-062-564-S | KEROTEST | <u>N/A</u> ^{WMC} <u>500 NO 03-A 16315-000</u> | | | | Replaced | |
| 1-ISV-062-0565-S | KEROTEST | <u>J52-23</u> | <u>N/A</u> | <u>N/A</u> | <u>N/A</u> | Replaced | <u>WMC 10/17/03</u> <u>Y</u> |
| 1-ISV-062-0567-S | KEROTEST | <u>J52-22</u> | <u>N/A</u> | <u>N/A</u> | <u>N/A</u> | Replaced | <u>WMC 10/17/03</u> <u>Y</u> |
| 1-GZA-109 | <u>N/A</u> | <u>N/A</u> | <u>N/A</u> | <u>N/A</u> | <u>N/A</u> | Replaced | <u>N</u> |
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| 7. Description of Work <u>Remove and reinstall Valve 1-ISV-062-564-s, 1-ISV-062-0565-S, 1-ISV-062-0567-S</u> ^{WMC} <u>2/13/2003</u> . <u>Remove/reinstall support 1-GZA-109.</u> ^{BC} <u>9/30/03</u> | | | | | | | |
| 8. Tests Conducted: Hydrostatic <input type="checkbox"/> Pneumatic <input type="checkbox"/> Nominal Operating Pressure <input checked="" type="checkbox"/> <u>PMT transferred</u> | | | | | | | |
| Other <input type="checkbox"/> Pressure _____ psi Test Temp _____ °F <u>10 Tri 60-2.</u> ^{WMC} <u>10/17/03</u> | | | | | | | |
| NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) Information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form. | | | | | | | |

NIS-2 FORM SHEET 2 OF 2

| FORM NIS-2 (Back) | |
|--|---|
| 9. Remarks | <div style="display: flex; justify-content: space-between;"> Code Case <u>N-416-22</u> Tracking No. <u>RR-05-052</u> </div> <div style="text-align: center; font-size: small; margin-top: -10px;"> <u>WTS</u> <u>10/17/03</u> </div> |
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| CERTIFICATE OF COMPLIANCE | |
| <p>We certify that the statements made in the report are correct and this <u>replacement</u> conforms to the rules of the ASME Code, Section XI.</p> | |
| <p>Type Code Symbol Stamp <u>N/A</u></p> | |
| <p>Certificate of Authorization No. <u>N/A</u></p> | |
| <p>Signed <u>Keith Canell FDD ENGR</u> Date <u>10/13</u> 20 <u>03</u></p> <p style="text-align: center; font-size: small;">Owner or Owner's Designee, Title</p> | |
| CERTIFICATE OF INSERVICE INSPECTION | |
| <p>I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of <u>Tennessee</u> and employed by <u>HSB-C</u> of <u>Hartford CT.</u> have inspected the components described in this Owner's Report during the period <u>2/28/03</u> to <u>10/17/03</u> and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.</p> <p>By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.</p> | |
| <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;"> <u>Bruce M. Ewing</u> Inspector's Signature </div> <div style="text-align: center;"> Commissions <u>TN 2534</u> National Board, State, Province, and Endorsements </div> </div> | |
| <p>Date <u>10/17</u> 20<u>03</u></p> | |

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Appendix IV
Page 4/ of 100

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| FORM NIS-2 (Back) | |
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| B. Remarks | TRACKING NO. <u>PR-05-055</u> <small>Applicable Manufacturer's Data Reports to be Attached</small> |
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| CERTIFICATE OF COMPLIANCE | |
| We certify that the statements made in the report are correct and this <u>REPLACEMENT</u> conforms to the repair or replacement rules of the ASME Code, Section XI. | |
| Type Code Symbol Stamp | <u>N/A</u> |
| Certificate of Authorization No. | <u>N/A</u> |
| Signed <u>J. Collins</u> | Maintenance Specialist Date <u>10/5</u> 20 <u>03</u> <small>Owner or Owner's Designee, Title</small> |
| CERTIFICATE OF INSERVICE INSPECTION | |
| I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of <u>Tennessee</u> and employed by <u>HSB-CT</u> of <u>Hartford CT.</u> have inspected the components described in this Owner's Report during the period <u>3/25/03</u> to <u>10/7/03</u> and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. | |
| By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection. | |
| <u>Bruce M. Earnigh</u> Inspector's Signature | Commissions <u>TN 2534</u> National Board, State, Province, and Endorsements |
| Date <u>10/7</u> 20 <u>03</u> | |

| FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS As Required by the Provisions of the ASME Code Section XI | | | | | | | |
|--|----------------------|-------------------------|--------------------|--|------------|------------------------------------|-------------------------------|
| 1. Owner <u>TENNESSEE VALLEY AUTHORITY</u> | | | | Date _____ | | | |
| Name <u>1101 Market St., Chattanooga, TN 37402</u> | | | | Sheet <u>1</u> of <u>2</u> | | | |
| Address 2. Plant <u>Watts Bar Nuclear Plant</u> | | | | Unit <u>Unit 1</u> | | | |
| Name <u>P. O. Box 2000, Spring City, TN 37381</u> | | | | WORK ORDER# <u>03-004777-000</u> | | | |
| Address 3. Work Performed by <u>TVA MODIFICATIONS</u> | | | | Repair Organization P.O. No., Job No., etc. Type Code Symbol Stamp <u>N/A</u> | | | |
| Name <u>WATTS BAR NUCLEAR PLANT</u> | | | | Authorization No <u>N/A</u> | | | |
| Address | | | | Expiration Date <u>N/A</u> | | | |
| 4. Identification of system <u>REACTOR COOLANT SYSTEM - SYSTEM 068</u> | | | | | | | |
| 5. (a) Applicable Construction Code <u>ASME SECT. III 19 71</u> Edition, <u>S73</u> Addenda, <u>N/A</u> Code Case | | | | | | | |
| (b) Applicable Edition of Section XI Utilized for Repairs or Replacements <u>1989</u> | | | | | | | |
| 6. Identification of Components Repaired or Replaced and Replacement Components | | | | | | | |
| Name of Component | Name of Manufacturer | Manufacturer Serial No. | National Board No. | Other Identification | Year Built | Repaired, Replaced, or Replacement | ASME Code Stamped (Yes or No) |
| 1-DRV-68-581 | KEROTEST | KP26-19 | N/A | N/A | N/A | REPLACEMENT | YES |
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| 7. Description of Work <u>INSTALLED A CAP OVER THE YOKE AND SEAL WELDED IT TO THE VALVE BODY</u> | | | | | | | |
| 8. Tests Conducted: Hydrostatic <input type="checkbox"/> Pneumatic <input type="checkbox"/> Nominal Operating Pressure <input type="checkbox"/> <u>NO TESTING REQ'D</u> Other <input type="checkbox"/> Pressure _____ psi Test Temp _____ °F <u>WMO 3/12/2003</u> | | | | | | | |
| NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form. | | | | | | | |

| FORM NIS-2 (Back) | |
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| 9. Remarks | CODE CASE N-416-1 TRACKING# <u>RR-05-057</u> <u>WMO 3/12/2003</u> <small>Applicable Manufacturer's Data Reports to be Attached</small> |
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| CERTIFICATE OF COMPLIANCE | |
| We certify that the statements made in the report are correct and this <u>replacement</u> conforms to the rules of the ASME Code, Section XI. | |
| Type Code Symbol Stamp | <u>N/A</u> |
| Certificate of Authorization No. | <u>N/A</u> |
| Signed | <u>Daniel Reed FE</u> Date <u>3-11-03</u> 20__ <small>Owner or Owner's Designee, Title</small> |
| CERTIFICATE OF INSERVICE INSPECTION | |
| I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of <u>TENNESSEE</u> and employed by <u>HSBCT</u> of <u>Hartford, Conn.</u> have inspected the components described in this Owner's Report during the period <u>3/11/03</u> to <u>3/14/03</u> and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection. | |
| <u>George Deane</u> Inspector's Signature | Commissions <u>TN 3178</u> National Board, State, Province, and Endorsements |
| Date <u>3/11</u> 20 <u>03</u> | |

| FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS As Required by the Provisions of the ASME Code Section XI | | | | | | | |
|--|----------------------|-------------------------|--------------------|---|------------|------------------------------------|-------------------------------|
| 1. Owner TENNESSEE VALLEY AUTHORITY <small>Name</small> 1101 Market St., Chattanooga, TN 37402 <small>Address</small> | | | | Date <u>3/6/03</u> Sheet <u>1</u> of <u>2</u> | | | |
| 2. Plant Watts Bar Nuclear Plant <small>Name</small> P. O. Box 2000, Spring City, TN 37381 <small>Address</small> | | | | Unit <u>Unit 1</u> W/O 02-016877-000 Repair Organization P.O. No., Job No., etc. Type Code Symbol Stamp <u>N/A</u> | | | |
| 3. Work Performed by MECHANICAL MAINTENANCE <small>Name</small> P.O. BOX 2000 SPRING CITY, TN 37381 <small>Address</small> | | | | Authorization No <u>N/A</u> Expiration Date <u>N/A</u> | | | |
| 4. Identification of system SYSTEM 068 REACTOR COOLANT | | | | | | | |
| 5. (a) Applicable Construction Code <u>Sect. III</u> <u>19 71</u> Edition, <u>W/72</u> Addenda, <u>NONE</u> Code Case (b) Applicable Edition of Section XI Utilized for Repairs or Replacements <u>1989</u> | | | | | | | |
| 6. Identification of Components Repaired or Replaced and Replacement Components | | | | | | | |
| Name of Component | Name of Manufacturer | Manufacturer Serial No. | National Board No. | Other Identification | Year Built | Repaired, Replaced, or Replacement | ASME Code Stamped (Yes or No) |
| 1-RFV-068-565 | CROSBY VALVE | N56964-10-0097 | N/A | SAFETY VALVE | 1979 | REPLACED | YES |
| 1-RFV-068-565 | CROSBY VALVE | N56964-10-0095 | N/A | SAFETY VALVE | 1979 | Replacement | YES |
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| 7. Description of Work <u>Replace valve with new rebuilt & tested valve</u> | | | | | | | |
| 8. Tests Conducted: Hydrostatic <input type="checkbox"/> Pneumatic <input type="checkbox"/> Nominal Operating Pressure <input checked="" type="checkbox"/> Other <input checked="" type="checkbox"/> Pressure <u> </u> psi Test Tempo <u> </u> °F <u>1-TRI-GB-6</u> | | | | | | | |
| NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in Items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form. | | | | | | | |

FORM NIS-2 (Back)

9. Remarks TRACKING NO. RR-05-061 CODE CASE N-4164 2/15/2003

Applicable Manufacturer's Data Reports to Be Attached

CERTIFICATE OF COMPLIANCE

We certify that the statements made in the report are correct and this replacement conforms to the rules of the ASME Code, Section XI.
 repair or replacement

Type Code Symbol Stamp N/ACertificate of Authorization No. N/ASigned J. Collier Maintenance Specialist Date 10/15 20 03
 Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB-CT of Hartford CT. have inspected the components described in this Owner's Report during the period 3/18/03 to 10/16/03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

Bruce M. Earnigh Commissions TV 2534
 Inspector's Signature National Board, State, Province, and Endorsements

Date 10/16 20 03

| 2 FORM NIS-2 (Back) | |
|--|---|
| 9. Remarks | CODE CASE N-416-1 41803 TRACKING# <u>RR-05-067</u> <small>Applicable Manufacturer's Data Reports to be Attached</small> |
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| CERTIFICATE OF COMPLIANCE | |
| We certify that the statements made in the report are correct and this <u>replacement</u> conforms to the rules of the ASME Code, Section XI. | |
| Type Code Symbol Stamp | <u>N/A</u> |
| Certificate of Authorization No. | <u>N/A</u> |
| Signed | <u><i>Kurt H. Gammill</i></u> <u>FIELD ENGINEER</u> Date <u>10/14</u> 20 <u>03</u> <small>Owner or Owner's Designee, Title</small> |
| CERTIFICATE OF INSERVICE INSPECTION | |
| I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of <u>Tennessee</u> and employed by <u>HSB-CT</u> of <u>Hartford CT.</u> have inspected the components described in this Owner's Report during the period <u>5/6/03</u> to <u>10/14/03</u> and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. | |
| By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection. | |
| <u><i>Bruce M. Earnigh</i></u> Inspector's Signature | Commissions <u>TN 2534</u> National Board, State, Province, and Endorsements |
| Date <u>10/14</u> 20 <u>03</u> | |

| FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS As Required by the Provisions of the ASME Code Section XI | | | | | | | |
|---|------------------------|-------------------------|--------------------|--|------------|------------------------------------|-------------------------------|
| 1. Owner <u>TENNESSEE VALLEY AUTHORITY</u> <div style="text-align: center; font-size: small;">Name</div> <u>1101 Market St., Chattanooga, TN 37402</u> <div style="text-align: center; font-size: small;">Address</div> | | | | Date <u>08-04-2003</u> Sheet <u>1</u> of <u>2</u> | | | |
| 2. Plant <u>Watts Bar Nuclear Plant</u> <div style="text-align: center; font-size: small;">Name</div> <u>P. O. Box 2000, Spring City, TN 37381</u> <div style="text-align: center; font-size: small;">Address</div> | | | | Unit <u>Unit 1</u> W/O <u>03-003743-001</u> <div style="text-align: center; font-size: small;">Repair Organization P.O. No., Job No., etc.</div> | | | |
| 3. Work Performed by <u>MECHANICAL MAINTENANCE</u> <div style="text-align: center; font-size: small;">Name</div> <u>P.O. BOX 2000 SPRING CITY, TN 37381</u> <div style="text-align: center; font-size: small;">Address</div> | | | | Type Code Symbol Stamp <u>N/A</u> Authorization No <u>N/A</u> Expiration Date <u>N/A</u> | | | |
| 4. Identification of system <u>001-MAIN STEAM</u> | | | | | | | |
| 5. (a) Applicable Construction Code <u>Sect.III</u> <u>19 74</u> Edition, <u>W74</u> Addenda, <u>n/a</u> Code Case (b) Applicable Edition of Section XI Utilized for Repairs or Replacements <u>1989</u> | | | | | | | |
| 6. Identification of Components Repaired or Replaced and Replacement Components | | | | | | | |
| Name of Component | Name of Manufacturer | Manufacturer Serial No. | National Board No. | Other Identification | Year Built | Repaired, Replaced, or Replacement | ASME Code Stamped (Yes or No) |
| 1-SFV-001-0514 | DRESSER - CONSOLIDATED | BS06233 | N/A | N/A | 77 | REPLACED | YES |
| 1-SFV-001-0514 | DRESSER - CONSOLIDATED | BS06238 | N/A | N/A | 77 | REPLACEMENT | YES |
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| 7. Description of Work <u>REPLACED MAIN STEAM SAFETY VALVE</u> | | | | | | | |
| 8. Tests Conducted: Hydrostatic Pneumatic Nominal Operating Pressure <input checked="" type="checkbox"/> <div style="text-align: center; font-size: small;"> Other Pressure _____ psi Test Temp <u>110°F</u> °F </div> | | | | | | | |
| NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ In. x 11 In., (2) information in Items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form. | | | | | | | |

FORM NIS-2 (Back)

9. Remarks TRACKING NO. RR-05-078
Applicable Manufacturers Data Reports to be Attached

CERTIFICATE OF COMPLIANCE

We certify that the statements made in the report are correct and this replacement conforms to the
 rules of the ASME Code, Section XI.
repair or replacement

Type Code Symbol Stamp N/ACertificate of Authorization No. N/ASigned J. Collins Maintenance Specialist Date 10/21 20 03
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel
 Inspectors and the State or Province of Tennessee and employed by HSB-CT
 of Hartford CT. have inspected the components described in this
 Owner's Report during the period 8/3/03 to 10/21/03 and state that to the best
 of my knowledge and belief, the Owner has performed examinations and taken corrective measures described
 in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied,
 concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither
 the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a
 loss of any kind arising from or connected with this inspection.

Bruce M. Earnigh Commissions TN 2534
 Inspector's Signature National Board, State, Province, and Endorsements

Date 10/21 20 03

| FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS As Required by the Provisions of the ASME Code Section XI | | | | | | | |
|--|------------------------|-------------------------|--------------------|--|------------|------------------------------------|-------------------------------|
| 1. Owner <u>TENNESSEE VALLEY AUTHORITY</u> <small>Name</small> <u>1101 Market St., Chattanooga, TN 37402</u> <small>Address</small> | | | | Date <u>08-04-2003</u> Sheet <u>1</u> of <u>2</u> | | | |
| 2. Plant <u>Watts Bar Nuclear Plant</u> <small>Name</small> <u>P. O. Box 2000, Spring City, TN 37381</u> <small>Address</small> | | | | Unit <u>Unit 1</u> W/O <u>03-003743-000</u> <small>Repair Organization P.O. No., Job No., etc.</small> | | | |
| 3. Work Performed by <u>MECHANICAL MAINTENANCE</u> <small>Name</small> <u>P.O. BOX 2000 SPRING CITY, TN 37381</u> <small>Address</small> | | | | Type Code Symbol Stamp <u>N/A</u> Authorization No <u>N/A</u> Expiration Date <u>N/A</u> | | | |
| 4. Identification of system <u>001-MAIN STEAM</u> | | | | | | | |
| 5. (a) Applicable Construction Code <u>Sec.III</u> <u>19 74</u> Edition, <u>W74</u> Addenda, <u>n/a</u> Code Case (b) Applicable Edition of Section XI Utilized for Repairs or Replacements <u>1989</u> | | | | | | | |
| 6. Identification of Components Repaired or Replaced and Replacement Components | | | | | | | |
| Name of Component | Name of Manufacturer | Manufacturer Serial No. | National Board No. | Other Identification | Year Built | Repaired, Replaced, or Replacement | ASME Code Stamped (Yes or No) |
| 1-SFV-001-0513 | DRESSER - CONSOLIDATED | BS06241 | N/A | N/A | 77 | REPLACED | YES |
| 1-SFV-001-0513 | DRESSER - CONSOLIDATED | BS06221 | N/A | N/A | 77 | REPLACEMENT | YES |
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| 7. Description of Work <u>REPLACED MAIN STEAM SAFETY VALVE</u> | | | | | | | |
| 8. Tests Conducted: Hydrostatic Pneumatic Nominal Operating Pressure <input checked="" type="checkbox"/> Other Pressure _____ psi Test Temp <u>225</u> °F | | | | | | | |
| NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form. | | | | | | | |

FORM NIS-2 (Back)

9. Remarks TRACKING NO. KR-05-079
Applicable Manufacturers Data Reports to be Attached

CERTIFICATE OF COMPLIANCE

We certify that the statements made in the report are correct and this replacement conforms to the
 rules of the ASME Code, Section XI.
repair or replacement

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Signed J. Cille Maintenance Specialist Date 10/21 20 03
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB-CT of HARTFORD CT. have inspected the components described in this Owner's Report during the period 8/8/03 to 10/21/03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

Bruce M. Earnigh Commissions TN 2534
 Inspector's Signature National Board, State, Province, and Endorsements
 Date 10/21 20 03

| FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS As Required by the Provisions of the ASME Code Section XI | | | | | | | |
|---|----------------------|-------------------------|--------------------|--|------------|------------------------------------|-------------------------------|
| 1. Owner <u>TENNESSEE VALLEY AUTHORITY</u> <div style="text-align: center; font-size: small;">Name</div> <u>1101 Market St., Chattanooga, TN 37402</u> <div style="text-align: center; font-size: small;">Address</div> | | | | Date <u>05-16-2003</u> Sheet <u>1</u> of <u>2</u> | | | |
| 2. Plant <u>Watts Bar Nuclear Plant</u> <div style="text-align: center; font-size: small;">Name</div> <u>P. O. Box 2000, Spring City, TN 37381</u> <div style="text-align: center; font-size: small;">Address</div> | | | | Unit <u>Unit 1</u> W/O <u>02-015425-001</u> | | | |
| 3. Work Performed by <u>MECHANICAL MAINTENANCE</u> <div style="text-align: center; font-size: small;">Name</div> <u>P.O. BOX 2000 SPRING CITY, TN 37381</u> <div style="text-align: center; font-size: small;">Address</div> | | | | <div style="text-align: center; font-size: small;">Repair Organization P.O. No., Job No., etc.</div> Type Code Symbol Stamp <u>N/A</u> Authorization No <u>N/A</u> Expiration Date <u>N/A</u> | | | |
| 4. Identification of system <u>062-CVCS ASME CODE CLASS 2</u> | | | | | | | |
| 5. (a) Applicable Construction Code <u>Sect. III</u> 19 71 Edition, S73 Addenda, n/a Code Case (b) Applicable Edition of Section XI Utilized for Repairs or Replacements <u>1989</u> | | | | | | | |
| 6. Identification of Components Repaired or Replaced and Replacement Components | | | | | | | |
| Name of Component | Name of Manufacturer | Manufacturer Serial No. | National Board No. | Other Identification | Year Built | Repaired, Replaced, or Replacement | ASME Code Stamped (Yes or No) |
| 1-062A-N290-03-A | TVA | N/A | N/A | WELD | N/A | REPAIRED | YES |
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| 7. Description of Work <u>REPAIRED PIPE – BASE METAL REPAIR</u> | | | | | | | |
| 8. Tests Conducted: Hydrostatic Pneumatic <u>N/A</u> ^{N/A} _{2004/03} N/A Nominal Operating Pressure <div style="text-align: center; font-size: small;">Outer Pressure psi Test Temp °F</div> | | | | | | | |
| NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form. | | | | | | | |

FORM NIS-2 (Back)

9. Remarks TRACKING NO. *RR-05-002* CODE CASE N-416-1Applicable Manufacturers Data Reports to be Attached

CERTIFICATE OF COMPLIANCE

We certify that the statements made in the report are correct and this repair conforms to the rules of the ASME Code, Section XI.
repair or replacement

Type Code Symbol Stamp N/ACertificate of Authorization No. N/ASigned *John S. Serrano* MET Date 7/18/03 20 03
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of KENTUCKY and employed by HSB-CT of HARTFORD, CT have inspected the components described in this Owner's Report during the period 5-16-03 to 8-21-03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

C.E. Mitchell
 Inspector's Signature

Commissions

TN-2633

National Board, State, Province, and Endorsements

Date 8-21 2003

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code, Section XI

| | | | | | | | |
|--|----------------------|--|--------------------|----------------------|------------|------------------------------------|-------------------------------|
| 1. Owner TENNESSEE VALLEY AUTHORITY | | Date <u>10-24-03</u> | | | | | |
| Name 1101 Market St., Chattanooga, TN 37402 | | Sheet <u>1</u> of <u>2</u> | | | | | |
| Address 2. Plant Watts Bar Nuclear Plant | | Unit <u>Unit 1</u> | | | | | |
| Name P. O. Box 2000, Spring City, TN 37381 | | MMG/WO# <u>03-014058-000</u> | | | | | |
| Address 3. Work Performed by MECHANICAL MAINTENANCE | | Repair Organization P.O. No., Job No., etc. Type Code Symbol Stamp <u>N/A</u> | | | | | |
| Name WATTS BAR NUCLEAR PLANT, PO BOX 2000 SPRING CITY, TN 37381 | | Authorization No <u>N/A</u> | | | | | |
| Address 4. Identification of system 068, REACTOR COOLANT SYSTEM (RCS) | | Expiration Date <u>N/A</u> | | | | | |
| 5. (a) Applicable Construction Code <u>SECT III</u> 19 ⁷¹ Edition, <u>S73</u> Addenda, <u>N/A</u> Code Case <u> </u> (b) Applicable Edition of Section XI Utilized for Repairs or Replacements <u>1989</u> | | | | | | | |
| 6. Identification of Components Repaired or Replaced and Replacement Components | | | | | | | |
| Name of Component | Name of Manufacturer | Manufacturer Serial No. | National Board No. | Other Identification | Year Built | Repaired, Replaced, or Replacement | ASME Code Stamped (Yes or No) |
| Cartridge Seal | Westinghouse | 2293 | N/A | for RCP #2 | | Replacement | Y |
| CARTRIDGE SEAL | WESTINGHOUSE | 2287 | N/A | RCP #2 | | REPLACED | N |
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| 7. Description of Work <u>Replacement of #2 RCP (1-68-PMP-0031) cartridge seal.</u> | | | | | | | |
| 8. Tests Conducted: Hydrostatic Pneumatic <input checked="" type="checkbox"/> Nominal Operating Pressure Per WO Other Pressure psi Test Temp °F <u>02-14978-000</u> | | | | | | | |
| NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 8 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form. | | | | | | | |

FORM NIS-2 (Back)

9. Remarks R&R Tracking # RR-05-089
Applicable Manufacturer's Data Reports to be Attached

CERTIFICATE OF COMPLIANCE

We certify that the statements made in the report are correct and this REPLACEMENT conforms to the
rules of the ASME Code, Section XI.
repair or replacement

Type Code Symbol Stamp N/ACertificate of Authorization No. N/ASigned R. Schoupp's Maint Specialist Date 10/24 20 03
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB-CT of Hartford CT. have inspected the components described in this Owner's Report during the period 9/7/03 to 10/24/03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

Bruce M. Earnigh Commissions TN2534
Inspector's Signature National Board, State, Province, and Endorsements

Date 10/27 20 03

| FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS As Required by the Provisions of the ASME Code Section XI | | | | | | | |
|--|----------------------|--|--------------------|---|---------------------------|------------------------------------|------------------------------------|
| 1. Owner <u>TENNESSEE VALLEY AUTHORITY</u> <div style="text-align: right; font-size: small;">Name</div> <u>1101 Market St., Chattanooga, TN 37402</u> <div style="text-align: right; font-size: small;">Address</div> | | | | Date <u>7/8/03</u> Sheet <u>1</u> of <u>2</u> | | | |
| 2. Plant <u>Watts Bar Nuclear Plant</u> <div style="text-align: right; font-size: small;">Name</div> <u>P. O. Box 2000, Spring City, TN 37381</u> <div style="text-align: right; font-size: small;">Address</div> | | | | Unit <u>Unit 1</u> W/O <u>02-014450-000</u> <div style="text-align: right; font-size: small;">Repair Organization P.O. No., Job No., etc.</div> | | | |
| 3. Work Performed by <u>MECHANICAL MAINTENANCE</u> <div style="text-align: right; font-size: small;">Name</div> <u>P.O. BOX 2000 SPRING CITY, TN 37381</u> <div style="text-align: right; font-size: small;">Address</div> | | | | Type Code Symbol Stamp <u>N/A</u> Authorization No <u>N/A</u> Expiration Date <u>N/A</u> | | | |
| 4. Identification of system <u>001-MAIN STEAM</u> | | | | | | | |
| 5. (a) Applicable Construction Code <u> Sect. III</u> 19 74 Edition, S75 Addenda, n/a Code Case (b) Applicable Edition of Section XI Utilized for Repairs or Replacements <u>1989</u> | | | | | | | |
| 6. Identification of Components Repaired or Replaced and Replacement Components | | | | | | | |
| Name of Component | Name of Manufacturer | Manufacturer Serial No. | National Board No. | Other Identification | Year Built | Repaired, Replaced, or Replacement | ASME Code Stamped (Yes or No) |
| 1-FCV-001-0029-T COVER | ATWOOD-MORRILL | 3-13824 <u>10/24/03</u> <u>L3902-4</u> | N/A | MSIV | <u>2003</u> <u>197</u> | REPAIRS- MENT | YES <u>X</u> <u>10/24/03</u> NO |
| | | <u>3-13824</u> | N/A | HTM <u>10/20/03</u> <u>210257</u> | <u>77</u> | REPAIRED | YES |
| 1-FCV-001-0029-T PILOT POPPET | ATWOOD-MORRILL | <u>A5244-1</u> 3-13824 <u>10/24/03</u> | N/A | MSIV | <u>2003</u> | REPAIRS- MENT | NO YES <u>10/24/03</u> |
| | | <u>3-13824</u> | N/A | HTM <u>10/20/03</u> | <u>77</u> | REPAIRED | YES |
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| 7. Description of Work <u>Replaced Cover & Pilot Poppet on the MAIN Steam Isolation Valve</u> | | | | | | | |
| 8. Tests Conducted: Hydrostatic <input type="checkbox"/> Pneumatic <input type="checkbox"/> Nominal Operating Pressure <input checked="" type="checkbox"/> Other <input type="checkbox"/> Pressure _____ psi Test Temp _____ °F | | | | | | | |
| NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form. | | | | | | | |

FORM NIS-2 (Back)

9. Remarks

TRACKING NO. RK-05-090

Applicable Manufacturer's Data Reports to be Attached

CERTIFICATE OF COMPLIANCE

We certify that the statements made in the report are correct and this replacement conforms to the
 rules of the ASME Code, Section XI.
 repair or replacement

Type Code Symbol Stamp N/ACertificate of Authorization No. N/A

Signed

J. Collier Maintenance Specialist

Date

10/2020 03

Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB-CT of HARTFORD CT have inspected the components described in this Owner's Report during the period 9/8/03 to 10/21/03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this Inspection.

Bruce M. Earnigh
 Inspector's Signature

Commissions

TN 2534

National Board, State, Province, and Endorsements

Date

10/2120 03

| FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS As Required by the Provisions of the ASME Code, Section XI | | | | | | | |
|---|----------------------|--|--------------------|--|-------------------------|------------------------------------|-------------------------------|
| 1. Owner <u>TENNESSEE VALLEY AUTHORITY</u> <div style="text-align: center; font-size: small;">Name</div> <u>1101 Market St., Chattanooga, TN 37402</u> <div style="text-align: center; font-size: small;">Address</div> | | | | Date <u>9/9/03</u> Sheet <u>1</u> of <u>2</u> | | | |
| 2. Plant <u>Watts Bar Nuclear Plant</u> <div style="text-align: center; font-size: small;">Name</div> <u>P. O. Box 2000, Spring City, TN 37381</u> <div style="text-align: center; font-size: small;">Address</div> | | | | Unit <u>Unit 1</u> W/O <u>02-014449-000</u> <div style="text-align: center; font-size: small;">Repair Organization P.O. No., Job No., etc.</div> | | | |
| 3. Work Performed by <u>MECHANICAL MAINTENANCE</u> <div style="text-align: center; font-size: small;">Name</div> <u>P.O. BOX 2000 SPRING CITY, TN 37381</u> <div style="text-align: center; font-size: small;">Address</div> | | | | Type Code Symbol Stamp <u>N/A</u> Authorization No <u>N/A</u> Expiration Date <u>N/A</u> | | | |
| 4. Identification of system <u>001-MAIN STEAM</u> | | | | | | | |
| 5. (a) Applicable Construction Code <u>Sect. III</u> 19 74 Edition, S75 Addenda <u>n/a</u> Code Case (b) Applicable Edition of Section XI Utilized for Repairs or Replacements <u>1989</u> | | | | | | | |
| 6. Identification of Components Repaired or Replaced and Replacement Components | | | | | | | |
| Name of Component | Name of Manufacturer | Manufacturer Serial No. | National Board No. | Other Identification | Year Built | Repaired, Replaced, or Replacement | ASME Code Stamped (Yes or No) |
| 1-FCV-001-0022-T COVER | ATWOOD-MORRILL | 4-13824 9/10/20/03 L3902-1 | N/A | MSIV | 2003 1977 | REPLACEMENT | YES YES |
| | | 2-17824 | N/A | HT# 216057 | 77 | REPLACED | YES |
| 1-FCV-001-0022-T PILOT POPPET | ATWOOD-MORRILL | 4-13824 9/10/20/03 A5244-2 | N/A | MSIV | 2003 | REPLACEMENT | YES YES |
| | | 2-13824 | N/A | HT# 18260 | 77 | REPLACED | YES |
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| 7. Description of Work <u>REPLACED COVER AND PILOT POPPET ON MSIV</u> | | | | | | | |
| 8. Tests Conducted: Hydrostatic <input type="checkbox"/> Pneumatic <input type="checkbox"/> Nominal Operating Pressure <input checked="" type="checkbox"/> Other <input type="checkbox"/> Pressure _____ psi Test Temp _____ °F | | | | | | | |
| NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in.; (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form. | | | | | | | |

FORM NIS-2 (Back)

9. Remarks TRACKING NO. RR-05-091
Applicable Manufacturer's Data Reports to be Attached

CERTIFICATE OF COMPLIANCE

We certify that the statements made in the report are correct and this replacement ~~repair~~ of 10/20/03 conforms to the rules of the ASME Code, Section XI.

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Signed J. Collins Maintenance Specialist Date 10/20 20 03
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB-CT of Hartford CT. have inspected the components described in this Owner's Report during the period 9/9/03 to 10/21/03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

Bruce M. Earnigh Commissions TN2534
Inspector's Signature National Board, State, Province, and Endorsements

Date 10/21 20 03

| FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS As Required by the Provisions of the ASME Code Section XI | | | | | | | |
|--|----------------------|-------------------------|--|----------------------|------------|------------------------------------|-------------------------------|
| 1. Owner TENNESSEE VALLEY AUTHORITY <div>Name</div> 1101 Market St., Chattanooga , TN 37402 | | | Date 9/12/2003 Sheet 1 of 2 | | | | |
| 2. Plant Watts Bar Nuclear Plant <div>Address</div> P. O. Box 2000, Spring City, TN, 37381 | | | Unit Unit 1 Work Order 02-014450-001 | | | | |
| 3. Work Performed by TVA Modifications <div>Address</div> Watts Bar Nuclear Plant <div>Name</div> <div>Address</div> | | | Repair Organization P.O. No., Job No., etc. Type Code Symbol Stamp N/A Authorization No N/A Expiration Date N/A | | | | |
| 4. Identification of system 003 Main and Auxillary feedwater system | | | | | | | |
| 5. (a) Applicable Construction Code ASME III 19 71 Edition, S73 Addenda, N/A Code Case (b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989 | | | | | | | |
| 6. Identification of Components Repaired or Replaced and Replacement Components | | | | | | | |
| Name of Component | Name of Manufacturer | Manufacturer Serial No. | National Scard No. | Other Identification | Year Built | Repaired, Replaced, or Replacement | ASME Code Stamped (Yes or No) |
| 1-PIPE-003-B | N/A | N/A | N/A | N/A | NA | Replaced | No |
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| 7. Description of Work Remove and reinstall piping to support 1-29 MSIV disassembly | | | | | | | |
| 8. Tests Conducted: Hydrostatic Pneumatic Nominal Operating Pressure ■ Other Pressure psi Test Temp _____ °F | | | | | | | |
| NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size Is 8½ in. x 11 in.; (2) information in Items 1 through 6 on this report is included on each sheet; and (3) each sheet is numbered and the number of sheets is recorded at the top of this form. | | | | | | | |

NIS-2 FORM SHEET 2 OF 2

| FORM NIS-2 (Back) | |
|---|---|
| 9. Remarks | Code Case <u>N-416-2</u> Tracking No. <u>RR-05-093</u> <small>Applicable Manufacturer's Data Reports to be Attached</small> |
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| CERTIFICATE OF COMPLIANCE | |
| <p>We certify that the statements made in the report are correct and this <u>replacement</u> conforms to the rules of the ASME Code, Section XI.</p> | |
| Type Code Symbol Stamp | <u>N/A</u> |
| Certificate of Authorization No. | <u>N/A</u> |
| Signed | <u><i>Keith A. Cull</i></u> <u>FIELD ENGINEER</u> Date <u>10/19</u> 20 <u>03</u> <small>Owner or Owner's Designee, Title</small> |
| CERTIFICATE OF INSERVICE INSPECTION | |
| <p>I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of <u>Tennessee</u> and employed by <u>HSB-CT</u> of <u>HARTFORD CT.</u> have inspected the components described in this Owner's Report during the period <u>9/13/03</u> to <u>10/17/03</u> and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.</p> <p>By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.</p> | |
| <u><i>Bruce M. Earnigh</i></u> Inspector's Signature | Commissions <u>TN 2534</u> National Board, State, Province, and Endorsements |
| Date <u>10/19</u> 20 <u>03</u> | |

| FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS As Required by the Provisions of the ASME Code Section XI | | | | | | | |
|--|----------------------|-------------------------|--------------------|---|------------|------------------------------------|-------------------------------|
| 1. Owner <u>TENNESSEE VALLEY AUTHORITY</u> | | | | Date <u>10/15/2003</u> | | | |
| Name <u>1101 Market St., Chattanooga, TN 37402</u> | | | | Sheet <u>1</u> of <u>2</u> | | | |
| 2. Plant <u>Watts Bar Nuclear Plant</u> | | | | Unit <u>Unit 1</u> | | | |
| Address <u>P. O. Box 2000, Spring City, TN 37381</u> | | | | WORK ORDER# <u>03-015889-002</u> | | | |
| 3. Work Performed by <u>TVA MODIFICATIONS</u> | | | | Repair Organization P.O. No., Job No., etc. <u>N/A</u> | | | |
| Name <u>WATTS BAR NUCLEAR PLANT</u> | | | | Type Code Symbol Stamp <u>N/A</u> | | | |
| Address | | | | Authorization No <u>N/A</u> | | | |
| 4. Identification of system <u>SAFETY INJECTION</u> | | | | Expiration Date <u>N/A</u> | | | |
| SYSTEM <u>063</u> | | | | | | | |
| 5. (a) Applicable Construction Code <u>ASME SECT. III 19 71</u> Edition, <u>S73</u> Addenda, <u>N/A</u> Code Case | | | | | | | |
| (b) Applicable Edition of Section XI Utilized for Repairs or Replacements <u>1989</u> | | | | | | | |
| 6. Identification of Components Repaired or Replaced and Replacement Components | | | | | | | |
| Name of Component | Name of Manufacturer | Manufacturer Serial No. | National Board No. | Other Identification | Year Built | Repaired, Replaced, or Replacement | ASME Code Stamped (Yes or No) |
| 1-PIPE-063-B | N/A | N/A | N/A | N/A | N/A | Replacement | NO |
| * 47A400-L-281 | N/A | N/A | N/A | N/A | N/A | REPLACEMENT | NO |
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| 7. Description of Work <u>Added new ECCS vent in the Hot Leg 4 Safety Injection</u> | | | | | | | |
| 8. Tests Conducted: Hydrostatic Pneumatic Nominal Operating Pressure <input checked="" type="checkbox"/> Inservice leak test to be performed per WO# | | | | | | | |
| Other Pressure _____ psi Test Temp _____ °F <u>03-015889-002</u> | | | | | | | |
| NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form. | | | | | | | |

* Add HANGER 1-063-DS1522-102-01 TO SUPPORT 47A400-L-281 TO SUPPORT HIGH POINT
 VENDOR LINE
 9/29/2003

| FORM NIS-2 (Back) | |
|---|---|
| 9. Remarks | CODE CASE N-416-2 TRACKING# <u>RL-05-097</u> <small>Applicable Manufacturer's Data Reports to be Attached</small> |
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| CERTIFICATE OF COMPLIANCE | |
| We certify that the statements made in the report are correct and this <u>replacement</u> conforms to the rules of the ASME Code, Section XI. <div style="text-align: right;">repair or replacement</div> | |
| Type Code Symbol Stamp | <u>N/A</u> |
| Certificate of Authorization No. | <u>N/A</u> |
| Signed | <u><i>Kurt H. Smith</i></u> , <u>FIELD ENGINEER</u> Date <u>10/15</u> 20 <u>03</u> <small>Owner or Owner's Designee, Title</small> |
| CERTIFICATE OF INSERVICE INSPECTION | |
| I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of <u>Tennessee</u> and employed by <u>HSB-CT</u> of <u>Hartford Ct.</u> have inspected the components described in this Owner's Report during the period <u>9/22/03</u> to <u>10/15/03</u> and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. | |
| By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection. | |
| <u><i>Bruce M. Emigh</i></u> Inspector's Signature | Commissions <u>TN2534</u> National Board, State, Province, and Endorsements |
| Date <u>10/15</u> 20 <u>03</u> | |

| FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS AS Required by the Provisions of the ASME Code Section XI | | | | | | | |
|---|----------------------|-------------------------|---|----------------------|------------|------------------------------------|-------------------------------|
| 1. Owner TENNESSEE VALLEY AUTHORITY <small>Name</small> 1101 Market St., Chattanooga, TN 37402 <small>Address</small> | | | Date <u>9/17/03</u> Sheet <u>1</u> of <u>2</u> | | | | |
| 2. Plant Watts Bar Nuclear Plant <small>Name</small> P. O. Box 2000, Spring City, TN 37381 <small>Address</small> | | | Unit <u>1</u> <u>02-015056-001</u> <small>Repair Organization P.O. No., Job No., etc.</small> | | | | |
| 3. Work Performed by MECHANICAL MAINTENANCE <small>Name</small> WATTS BAR NUCLEAR PLANT, PO BOX 2000 SPRING CITY, TN 37381 <small>Address</small> | | | Type Code Symbol Stamp <u>N/A</u> Authorization No <u>N/A</u> Expiration Date <u>N/A</u> | | | | |
| 4. Identification of system <u>STEAM GENERATOR 2 MFW BYPASS LINE CHECK</u> | | | | | | | |
| 5. (a) Applicable Construction Code <u>Section III</u> 1974 Edition, <u>1974</u> Addenda, <u>Summer 76</u> Code Case (b) Applicable Edition of Section XI Utilized for Repairs or Replacements _____ | | | | | | | |
| 6. Identification of Components Repaired or Replaced and Replacement Components | | | | | | | |
| Name of Component | Name of Manufacturer | Manufacturer Serial No. | National Board No. | Other Identification | Year Built | Repaired, Replaced, or Replacement | ASME Code Stamped (Yes or No) |
| 1-CKV-003-0645 | Borg Warner | 26305 | N/A | N/A | 1978 | Replacement | Yes |
| 1 bolt | BW/IP | N/A | N/A | PN 71039 | 1995 | Replacement | NO |
| 1 nut | ↓ | ↓ | N/A | PN 7000011-300 | ↓ | ↓ | NO |
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| 7. Description of Work <u>Replace Disc 1 bolt & 1 nut on bonnet</u> | | | | | | | |
| 8. Tests Conducted: Hydrostatic Pneumatic Nominal Operating Pressure <input checked="" type="checkbox"/> Other Pressure _____ psi Test Temp _____ °F | | | | | | | |
| NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in Items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form. | | | | | | | |

FORM NIS-2 (Back)

9. Remarks

Applicable Manufacturer's Data Reports to be Attached

Tracking No# RR-05-099

CERTIFICATE OF COMPLIANCE

We certify that the statements made in the report are correct and this replacement conforms to the rules of the ASME Code, Section XI. repair or replacement

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Signed

J. Collier Maintenance Specialist
Owner or Owner's Designee, Title

Date

10/20

20 03

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of TENNESSEE and employed by HSB-CT of Hartford CT. have inspected the components described in this Owner's Report during the period 9/22/03 to 10/21/03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

Bruce M. Emyth
Inspector's Signature

Commissions

TN2534

National Board, State, Province, and Endorsements

Date

10/21

20 03

As Required by the Provisions of the ASME Code Section XI

Appendix IV
Page 67 of 100

NIS-2 FORM SHEET 2 OF 2

| FORM NIS-2 (Back) | |
|---|--|
| 9. Remarks | <div style="display: flex; justify-content: space-between;"> Code Case <u>N-416-2</u> Tracking No. <u>PR-05-102</u> </div> <div style="text-align: center; font-size: small; margin-top: 5px;">Applicable Manufacturer's Data Reports to be Attached</div> |
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| CERTIFICATE OF COMPLIANCE | |
| <p>We certify that the statements made in the report are correct and this <u>replacement</u> conforms to the rules of the ASME Code, Section XI.</p> | |
| Type Code Symbol Stamp <u>N/A</u> | |
| Certificate of Authorization No. <u>N/A</u> | |
| Signed <u>J. Collier Maintenance Specialist</u> Date <u>10/15</u> 20 <u>03</u> <div style="text-align: center; font-size: x-small;">Owner or Owner's Designee, Title</div> | |
| CERTIFICATE OF INSERVICE INSPECTION | |
| <p>I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of <u>Tennessee</u> and employed by <u>HSB-CT</u> of <u>Hartford CT.</u> have inspected the components described in this Owner's Report during the period <u>9/24/03</u> to <u>10/15/03</u> and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.</p> <p>By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.</p> | |
| <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;"> <u>Bruce M. Esmigh</u> <small>Inspector's Signature</small> </div> <div style="text-align: center;"> Commissions <u>TN 2534</u> <small>National Board, State, Province, and Endorsements</small> </div> </div> | |
| Date <u>10/15</u> 20 <u>03</u> | |

| FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS As Required by the Provisions of the ASME Code Section XI | | | | | | | |
|---|----------------------|-------------------------|--|----------------------|------------|------------------------------------|-------------------------------|
| 1. Owner <u>TENNESSEE VALLEY AUTHORITY</u> | | | Date <u>10/15/2003</u> | | | | |
| <div style="text-align: center;">Name 1101 Market St., Chattanooga, TN 37402</div> | | | <div style="text-align: center;">Sheet <u>1</u> of <u>2</u></div> | | | | |
| 2. Plant <u>Watts Bar Nuclear Plant</u> | | | Unit <u>Unit 1</u> | | | | |
| <div style="text-align: center;">Address P. O. Box 2000, Spring City, TN 37381</div> | | | <div style="text-align: center;">Name WORK ORDER# <u>03-015889-003</u></div> | | | | |
| 3. Work Performed by <u>TVA MODIFICATIONS</u> | | | <div style="text-align: center;">Repair Organization P.O. No., Job No., etc. Type Code Symbol Stamp <u>N/A</u></div> | | | | |
| <div style="text-align: center;">Address WATTS BAR NUCLEAR PLANT</div> | | | <div style="text-align: center;">Name Authorization No <u>N/A</u></div> | | | | |
| <div style="text-align: center;">Address</div> | | | <div style="text-align: center;">Expiration Date <u>N/A</u></div> | | | | |
| 4. Identification of system <u>SAFETY INJECTION</u> | | | SYSTEM <u>063</u> | | | | |
| 5. (a) Applicable Construction Code <u>ASME SECT. III</u> <u>19 71</u> Edition, <u>S73</u> Addenda, <u>N/A</u> Code Case | | | | | | | |
| (b) Applicable Edition of Section XI Utilized for Repairs or Replacements <u>1989</u> | | | | | | | |
| 6. Identification of Components Repaired or Replaced and Replacement Components | | | | | | | |
| Name of Component | Name of Manufacturer | Manufacturer Serial No. | National Board No. | Other Identification | Year Built | Repaired, Replaced, or Replacement | ASME Code Stamped (Yes or No) |
| 1-PIPE-063-B | N/A | N/A | N/A | N/A | N/A | REPAIR | NO |
| 47A400-6-115 | N/A | N/A | N/A | N/A | N/A | REPLACEMENT | NO |
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| 7. Description of Work <u>Repair Indication in 1/2" pipe in the weld area of weld# 1-063B-T130-4B AND ATTACHING A 1/2" Ø PIPE SUPPORT TO AN ASME SECTION XI Code CLASS 2 SUPPORT # 47A400-6-115. wmo 9/25/03</u> | | | | | | | |
| 8. Tests Conducted: Hydrostatic <input type="checkbox"/> Pneumatic <input type="checkbox"/> Nominal Operating Pressure <input checked="" type="checkbox"/> performed per WO# <u>03-015889-005</u> | | | | | | | |
| Other Pressure _____ psi Test Temp _____ °F | | | | | | | |
| NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form. | | | | | | | |

FORM NIS-2 (Back)

9. Remarks CODE CASE N-416-2 TRACKING# RR-05-103 2009/11/03
Applicable Manufacturer's Data Reports to be Attached

CERTIFICATE OF COMPLIANCE

We certify that the statements made in the report are correct and this repair AND REPLACEMENT conforms to the rules of the ASME Code, Section XI.

Type Code Symbol Stamp N/ACertificate of Authorization No. N/A

Signed Harold A. Cornell FIELD ENGINEER Date 10/15 20 03
Owner or Owner's Designee Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB-CT of Hartford CT. have inspected the components described in this Owner's Report during the period 9/27/03 to 10/15/03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

Bruce M. Earnigh Commissions TN 2534
 Inspector's Signature National Board, State, Province, and Endorsements

Date 10/15 20 03

| FORM NIS-2 (Back) | |
|--|--|
| 9. Remarks | <u>TRACKING # RR-05-105</u> <u>N-416-2</u> <small>Applicable Manufacturer's Data Reports to be Attached</small> <u>WMS 9/28/2003</u> |
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| CERTIFICATE OF COMPLIANCE | |
| We certify that the statements made in the report are correct and this <u>REPAIR</u> conforms to the rules of the ASME Code, Section XI. <div style="text-align: right; margin-right: 100px;"><small>repair or replacement</small></div> | |
| Type Code Symbol Stamp <u>N/A</u> | |
| Certificate of Authorization No. <u>N/A</u> | |
| Signed <u>Mike Dodd</u> <u>CONST. ENGR.</u> Date <u>10/15</u> 20 <u>03</u> <div style="text-align: center; font-size: small;">Owner or Owner's Designee, Title</div> | |
| CERTIFICATE OF INSERVICE INSPECTION | |
| I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of <u>Tennessee</u> and employed by <u>HSB-CT</u> of <u>Hartford CT.</u> have inspected the components described in this Owner's Report during the period <u>9/28/03</u> to <u>10/16/03</u> and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection. | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <u>Bruce M. Earnigh</u> <small>Inspector's Signature</small> </div> <div style="width: 50%;"> Commissions <u>TN 2534</u> <small>National Board, State, Province, and Endorsements</small> </div> </div> | |
| Date <u>10/15</u> 20 <u>03</u> | |

02-15175-07

| FORM NIS-2 (Back) | |
|--|---|
| 9. Remarks | TRACKING NO. <u>RR-05-107</u> CODE CASE N-416-1 <u>ATC 10/24/03</u> <small>Applicable Manufacturers Data Reports to be Attached</small> |
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| CERTIFICATE OF COMPLIANCE | |
| We certify that the statements made in the report are correct and this <u>Replacement</u> conforms to the rules of the ASME Code, Section XI. 11 | |
| Type Code Symbol Stamp | <u>N/A</u> |
| Certificate of Authorization No. | <u>N/A</u> |
| Signed | <u>J. Collier Maintenance Specialist</u> Date <u>10/6</u> 20 <u>03</u> <small>Owner or Owner's Designee Title</small> |
| CERTIFICATE OF INSERVICE INSPECTION | |
| I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of <u>TENNESSEE</u> and employed by <u>HARTFORD STEEL BOILER-CT</u> of <u>HARTFORD, CT.</u> have inspected the components described in this Owner's Report during the period <u>9-30-03</u> to <u>10-06-03</u> and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. | |
| By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection. | |
| <u>C.E. Metcalf</u> <small>Inspector's Signature</small> | Commissions <u>TN-2633</u> <small>National Board, State, Province, and Endorsements</small> |
| Date <u>Oct 10</u> 20 <u>03</u> | |

Appendix IV
Page 75 of 100

84
03 016364 000

| FORM NIS-2 (Back) | |
|--|--|
| 9. Remarks | <u>TRACKING NO. RR-05-108</u> <small>Applicable Manufacturer's Data Reports to be Attached</small> |
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| CERTIFICATE OF COMPLIANCE | |
| We certify that the statements made in the report are correct and this <u>replacement</u> conforms to the rules of the ASME Code, Section XI. <div style="text-align: right;"><u>repair or replacement</u></div> | |
| Type Code Symbol Stamp | <u>N/A</u> |
| Certificate of Authorization No. | <u>N/A</u> |
| Signed | <u>G. Callie Maintenance Specialist</u> Date <u>10/9</u> 20 <u>03</u> <small>Owner or Owner's Designee, Title</small> |
| CERTIFICATE OF INSERVICE INSPECTION | |
| <p>I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of <u>Tennessee</u> and employed by <u>HSB-CT</u> of <u>HARTFORD CT.</u> have inspected the components described in this Owner's Report during the period <u>9/30/03</u> to <u>10/9/03</u> and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.</p> <p>By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.</p> | |
| <u>Bruce M. Earnigh</u> Inspector's Signature | Commissions <u>TN 2534</u> National Board, State, Province, and Endorsements |
| Date <u>10/1</u> 20 <u>03</u> | |

| FORM NIS-2 OWNER'S REPORT OF REPAIRS OR REPLACEMENTS As Required by the Provisions of the ASME Code Section XI | | | | | | | |
|--|----------------------|-------------------------|--------------------|--|------------|------------------------------------|-------------------------------|
| 1. Owner <u>TENNESSEE VALLEY AUTHORITY</u> <div style="text-align: center; font-size: small;">Name</div> <u>1101 Market St., Chattanooga, TN 37402</u> <div style="text-align: center; font-size: small;">Address</div> | | | | Date <u>10/01/03</u> Sheet <u> / </u> of <u> 2 </u> | | | |
| 2. Plant <u>Watts Bar Nuclear Plant</u> <div style="text-align: center; font-size: small;">Name</div> <u>P. O. Box 2000, Spring City, TN 37381</u> <div style="text-align: center; font-size: small;">Address</div> | | | | Unit <u>Unit 1</u> W/O <u>03-016825-000</u> <div style="text-align: center; font-size: small;">Repair Organization P.O. No., Job No., etc.</div> | | | |
| 3. Work Performed by <u>MECHANICAL MAINTENANCE</u> <div style="text-align: center; font-size: small;">Name</div> <u>P.O. BOX 2000 SPRING CITY, TN 37381</u> <div style="text-align: center; font-size: small;">Address</div> | | | | Type Code Symbol Stamp <u>N/A</u> Authorization No <u>N/A</u> Expiration Date <u>N/A</u> | | | |
| 4. Identification of system <u>SYSTEM 062 CVCS PIPING CLASS A</u> | | | | | | | |
| 5. (a) Applicable Construction Code <u>ASME SEC III 19 74 Edition, W/74</u> Addenda, <u>NONE</u> Code Case (b) Applicable Edition of Section XI Utilized for Repairs or Replacements <u>1989</u> | | | | | | | |
| 6. Identification of Components Repaired or Replaced and Replacement Components | | | | | | | |
| Name of Component | Name of Manufacturer | Manufacturer Serial No. | National Board No. | Other Identification | Year Built | Repaired, Replaced, or Replacement | ASME Code Stamped (Yes or No) |
| GLOBE VALVE | KEROTEST | JS2-2 | N/A | 1-ISV-062-0564-S | 1975 | REPLACED 3/20/03 | YES |
| Value Disc | BW/IP | 309081 SN6 | N/A | N/A | 1994 | ↓ | N/A |
| Value Stem | Kerotest | N/A | N/A | Part # 725226A1 | 1993 | ↓ | N/A |
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| 7. Description of Work <u>Replaced stem, disc and diaphragm</u> | | | | | | | |
| 8. Tests Conducted: Hydrostatic Pneumatic Nominal Operating Pressure <input checked="" type="checkbox"/> <u>PERFORMED UNDER W/O</u> Other Pressure _____ psI Test Temp <u>NOT</u> °F <u>02-014978-000</u> <div style="text-align: right; font-size: small;">1-TRT-68-6</div> | | | | | | | |
| NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form. | | | | | | | |

FORM NIS-2 (Back)

9. Remarks TRACKING NO. RR-05-109
Applicable Manufacturer's Data Reports to be Attached

CERTIFICATE OF COMPLIANCE

We certify that the statements made in the report are correct and this repair conforms to the rules of the ASME Code, Section XI.
 repair or replacement

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Signed Hallie Maintenance Specialist Date 10/12 20 03
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB-CT of Hartford CT. have inspected the components described in this Owner's Report during the period 10/1/03 to 10/12/03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

Bruce M. Earnigh Commissions TN 2534
 Inspector's Signature National Board, State, Province, and Endorsements

Date 10/12 20 03

| FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS As Required by the Provisions of the ASME Code Section XI | | | | | | | |
|--|----------------------|-------------------------|--------------------|--|-------------|------------------------------------|-------------------------------|
| 1. Owner <u>TENNESSEE VALLEY AUTHORITY</u> <small>Name</small> <u>1101 Market St., Chattanooga, TN 37402</u> <small>Address</small> | | | | Date <u>10/14/03</u> Sheet <u>1</u> of <u>2</u> | | | |
| 2. Plant <u>Watts Bar Nuclear Plant</u> <small>Name</small> <u>P. O. Box 2000, Spring City, TN 37381</u> <small>Address</small> | | | | Unit <u>Unit 1</u> WO# <u>02-012607-003</u> <small>Repair Organization P.O. No., Job No., etc.</small> Type Code Symbol Stamp <u>N/A</u> | | | |
| 3. Work Performed by <u>Mechanical Maintenance</u> <small>Name</small> <u>P.O. Box 2000, Spring City, TN 37381</u> <small>Address</small> | | | | Authorization No <u>N/A</u> Expiration Date <u>N/A</u> | | | |
| 4. Identification of system <u>System 68 Steam Generator</u> | | | | | | | |
| 5. (a) Applicable Construction Code <u>Section III</u> 1971 Edition, <u>571</u> Addenda, <u>NB 4643</u> Code Case (b) Applicable Edition of Section XI Utilized for Repairs or Replacements <u>1989</u> | | | | | | | |
| 6. Identification of Components Repaired or Replaced and Replacement Components | | | | | | | |
| Name of Component | Name of Manufacturer | Manufacturer Serial No. | National Board No. | Other Identification | Year Built | Repaired, Replaced, or Replacement | ASME Code Stamped (Yes or No) |
| <u>15GEN-068-564</u> | <u>Westinghouse</u> | <u>1594</u> | <u>W10289</u> | <u>N/A</u> | <u>1975</u> | <u>Replaced</u> | <u>Yes</u> |
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| 7. Description of Work <u>sleeping tubes</u> | | | | | | | |
| 8. Tests Conducted: Hydrostatic <input type="checkbox"/> Pneumatic <input type="checkbox"/> Nominal Operating Pressure <input type="checkbox"/> Other <input checked="" type="checkbox"/> Pressure _____ psi Test Temp _____ °F <u>EDDY CURRENT TESTED</u> | | | | | | | |
| NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 3 1/2 in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form. | | | | | | | |

FORM NIS-2 (Back)

9. Remarks

Applicable Manufacturer's Data Reports to be Attached

Tracking No# RR-05-110

CERTIFICATE OF COMPLIANCE

We certify that the statements made in the report are correct and this REPLACEMENT conforms to the rules of the ASME Code, Section XI.

Type Code Symbol Stamp N/ACertificate of Authorization No. N/A

Signed William David Jones SG, SAEC - Date Oct 14 20 03
 Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB-CT of Hartford CT. have inspected the components described in this Owner's Report during the period 10/1/03 to 10/14/03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

Bruce M. Earnigh Commissions TN 2534
 Inspector's Signature National Board, State, Province, and Endorsements

Date 10/14 2003

FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

1. Owner TENNESSEE VALLEY AUTHORITY Date 10/13/03
Name
1101 Market St., Chattanooga, TN 37402
Address

2. Plant Watts Bar Nuclear Plant Unit Unit 1
Name
P. O. Box 2000, Spring City, TN 37381
Address

3. Work Performed by Mechanical Maintenance Repair Organization P.O. No., Job No., etc.
P.O. Box 2000, Spring City, TN 37381 Name Type Code Symbol Stamp N/A
Address Authorization No N/A
Expiration Date N/A

4. Identification of system 068 STEAM GENERATOR

5. (a) Applicable Construction Code Section III 1971 Edition, 571 Addenda, NB4643 Code Case
(b) Applicable Edition of Section XI Utilized for Repairs or Replacements 1989

6. Identification of Components Repaired or Replaced and Replacement Components

| Name of Component | Name of Manufacturer | Manufacturer Serial No. | National Board No. | Other Identification | Year Built | Repaired, Replaced, or Replacement | ASME Code Stamped (Yes or No) |
|-----------------------|----------------------|-------------------------|--------------------|----------------------|------------|------------------------------------|-------------------------------|
| <u>1-S6EN-DBP-SG2</u> | <u>Westinghouse</u> | <u>1542</u> | <u>W102F7</u> | <u>N/A</u> | <u>'75</u> | <u>Replaced</u> | <u>Y</u> |
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7. Description of Work Weld in Tube Plugs

8. Tests Conducted: Hydrostatic ☐ Pneumatic ☐ Nominal Operating Pressure ☐
Other ☒ Pressure _____ psi Test Temp _____ °F
VT of weld performed per W QAZP-1-VT (see sheets in package)

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 5 on this report is included on each sheet and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks

Applicable Manufacturers Data Reports to be Attached

Tracking No# RR-05-111

CERTIFICATE OF COMPLIANCE

We certify that the statements made in the report are correct and this replacement conforms to the rules of the ASME Code, Section XI.

Type Code Symbol Stamp N/ACertificate of Authorization No. N/A

Signed Ernest Cap SIG Specialist Date 10 Oct 03 20
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB-CT of Hartford CT. have inspected the components described in this Owner's Report during the period 10/1/03 to 10/13/03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

Bruce M. Earnigh Commissions TN 2534
Inspector's Signature National Board, State, Province, and Endorsements

Date 10/13 2003

FORM NIS-2: OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS
As Required by the Provisions of the ASME Code Section XI

| 1. Owner <u>TENNESSEE VALLEY AUTHORITY</u> <small>Name</small> <u>1101 Market St., Chattanooga, TN 37402</u> <small>Address</small> | | | Date <u>10/8/03</u> | | | | |
|---|----------------------|-------------------------|--|----------------------|------------|------------------------------------|-------------------------------|
| 2. Plant <u>Watts Bar Nuclear Plant</u> <small>Name</small> <u>P. O. Box 2000, Spring City, TN 37381</u> <small>Address</small> | | | Sheet <u>1</u> of <u>2</u> Unit <u>Unit 1</u> MMG/WO# <u>02-015167-005</u> <small>Repair Organization P.O. No., Job No., etc</small> Type Code Symbol Stamp <u>N/A</u> | | | | |
| 3. Work Performed by <u>MECHANICAL MAINTENANCE</u> <small>Name</small> <u>WATTS BAR NUCLEAR PLANT, PO BOX 2000</u> <u>SPRING CITY, TN 37381</u> <small>Address</small> | | | Authorization No <u>N/A</u> Expiration Date <u>N/A</u> | | | | |
| 4. Identification of system <u>015, Steam Generator Blowdown SYSTEM (SGBD)</u> | | | | | | | |
| 5. (a) Applicable Construction Code <u>AISC</u> <u>19</u> Edition, <u>N/A</u> Addenda, <u>N/A</u> Code Case (b) Applicable Edition of Section XI Utilized for Repairs or Replacements <u>1989</u> | | | | | | | |
| 6. Identification of Components Repaired or Replaced and Replacement Components | | | | | | | |
| Name of Component | Name of Manufacturer | Manufacturer Serial No. | National Board No. | Other Identification | Year Built | Repaired, Replaced, or Replacement | ASME Code Stamped (Yes or No) |
| 1-SNUB-015-4006162 | PSA | 20750 | N/A | N/A | N/A | REPLACED | N/A |
| 1-SNUB-015-4006162 | PSA | 3192 | N/A | N/A | 1999 | REPLACE-MENT | ✓ |
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| 7. Description of Work <u>REPLACED SNUBBER</u> | | | | | | | |
| 8. Tests Conducted: Hydrostatic Pneumatic Nominal Operating Pressure *Other <input checked="" type="checkbox"/> Pressure _____ psi Test Temp _____ °F * 1-TR1-0-7 | | | | | | | |

NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in., (2) information in Items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.

FORM NIS-2 (Back)

9. Remarks

Applicable Manufacturers Data Reports to be Attached

TRACKING # RR-05-113 *JRC 10/1/03*

CERTIFICATE OF COMPLIANCE

We certify that the statements made in the report are correct and this replacement conforms to the rules of the ASME Code, Section XI.
repair or replacement

Type Code Symbol Stamp N/ACertificate of Authorization No. N/ASigned *J. Callie* Maintenance Specialist Date 10/8 20 03
Owner or Owner's Designee. Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB-CT of _____ have inspected the components described in this Owner's Report during the period 10/4/03 to 10/8/03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

Bruce M. Earnigh Commissions *TNA 534*
Inspector's Signature National Board, State, Province, and Endorsements

Date 10/8 20 03

| FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS As Required by the Provisions of the ASME Code Section XI | | | | | | | |
|--|----------------------|-------------------------|--------------------|---|------------|------------------------------------|-------------------------------|
| 1. Owner <u>TENNESSEE VALLEY AUTHORITY</u> | | | | Date <u>10/18/2003</u> | | | |
| <small>Name</small> 1101 Market St., Chattanooga, TN 37402 | | | | Sheet <u>1</u> of <u>2</u> | | | |
| 2. Plant <u>Watts Bar Nuclear Plant</u> | | | | Unit <u>Unit 1</u> | | | |
| <small>Name</small> P. O. Box 2000, Spring City, TN 37381 | | | | WORK ORDER# <u>03-001374-000</u> | | | |
| 3. Work Performed by <u>TVA MODIFICATIONS</u> | | | | <small>Repair Organization P.O. No., Job No., etc.</small> Type Code Symbol Stamp <u>N/A</u> | | | |
| <small>Name</small> WATTS BAR NUCLEAR PLANT | | | | Authorization No <u>N/A</u> | | | |
| <small>Address</small> | | | | Expiration Date <u>N/A</u> | | | |
| 4. Identification of system <u>SAMPLING SYSTEM 043</u> | | | | | | | |
| 5. (a) Applicable Construction Code <u>ASME SECT. III 19 71 Edition, S73</u> Addenda, <u>N/A</u> Code Case | | | | | | | |
| (b) Applicable Edition of Section XI Utilized for Repairs or Replacements <u>1989</u> | | | | | | | |
| 6. Identification of Components Repaired or Replaced and Replacement Components | | | | | | | |
| Name of Component | Name of Manufacturer | Manufacturer Serial No. | National Board No. | Other Identification | Year Built | Repaired, Replaced, or Replacement | ASME Code Stamped (Yes or No) |
| 1-TUBE-043-B | N/A | N/A | N/A | N/A | N/A | REPAIR | NO |
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| 7. Description of Work <u>Repair indications in 3/8" tubing coupling welds 1-043A-T013-65A and -73 which was identified during PT of welds.</u> | | | | | | | |
| 8. Tests Conducted: Hydrostatic <input checked="" type="checkbox"/> Pneumatic <input type="checkbox"/> Nominal Operating Pressure <u>1</u> <input checked="" type="checkbox"/> Other <input type="checkbox"/> Pressure <u> </u> psi Test Temp <u> </u> °F | | | | | | | |
| NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form. | | | | | | | |

FORM NIS-2 (Back)

9. Remarks CODE CASE N-416-2 TRACKING# RR-05-114
Applicable Manufacturer's Data Reports to be Attached

CERTIFICATE OF COMPLIANCE

We certify that the statements made in the report are correct and this repair conforms to the
 rules of the ASME Code, Section XI. repair or replacement

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Signed *Wm H. Smith* FIELD ENGINEER Date 10/18 20 03
Owner or Owner's Designee Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB-CT of Hartford CT. have inspected the components described in this Owner's Report during the period 10/7/03 to 10/18/03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

Bruce M. Emigh Commissions TN2534
 Inspector's Signature National Board, State, Province, and Endorsements
 Date 10/18 20 03

Appendix IV
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NIS-2 FORM SHEET 2 OF 2

| FORM NIS-2 (Back) | |
|---|---|
| 9. Remarks | Code Case N-416-2 Tracking No. RR-05-115 <small>Applicable Manufacturer's Data Reports to be Attached</small> |
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| CERTIFICATE OF COMPLIANCE | |
| <p>We certify that the statements made in the report are correct and this <u>repair</u> conforms to the rules of the ASME Code, Section XI.</p> <p style="text-align: right;">repair or replacement</p> | |
| Type Code Symbol Stamp <u>N/A</u> | |
| Certificate of Authorization No. <u>N/A</u> | |
| Signed <u><i>Kim H. Connell</i></u> <u>FIELD ENGR</u> Date <u>10/19</u> 20 <u>03</u> <small>Owner or Owner's Designee, Title</small> | |
| CERTIFICATE OF INSERVICE INSPECTION | |
| <p>I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of <u>Tennessee</u> and employed by <u>HSB-CT</u> of <u>Hartford CT.</u> have inspected the components described in this Owner's Report during the period <u>10/9/03</u> to <u>10/19/03</u> and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.</p> <p>By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.</p> | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <u><i>Bruce M. Earnigh</i></u> Inspector's Signature </div> <div style="width: 60%;"> Commissions <u>TN2534</u> National Board, State, Province, and Endorsements </div> </div> | |
| Date <u>10/17</u> 20 <u>03</u> | |

| FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS As Required by the Provisions of the ASME Code Section XI | | | | | | | |
|--|----------------------|-------------------------|--------------------|---|------------|------------------------------------|-------------------------------|
| 1. Owner <u>TENNESSEE VALLEY AUTHORITY</u> <small>Name</small> <u>1101 Market St., Chattanooga, TN 37402</u> <small>Address</small> | | | | Date <u>10-17-03</u> Sheet <u>1</u> of <u>2</u> | | | |
| 2. Plant <u>Watts Bar Nuclear Plant</u> <small>Name</small> <u>P. O. Box 2000, Spring City, TN, 37381</u> <small>Address</small> | | | | Unit <u>Unit 1</u> Work Order <u>03-015889-007</u> <small>Repair Organization P.O. No., Job No., etc.</small> Type Code Symbol Stamp <u>N/A</u> | | | |
| 3. Work Performed by <u>TVA Modifications</u> <small>Name</small> <u>Watts Bar Nuclear Plant</u> <small>Address</small> | | | | Authorization No <u>N/A</u> Expiration Date <u>N/A</u> | | | |
| 4. Identification of system <u>063 SIS(SAFETY INJECTION SYSTEM)</u> | | | | | | | |
| 5. (a) Applicable Construction Code <u>AISC</u> <u>19</u> Edition, 7 th <u>Addenda, N/A</u> Code Case (b) Applicable Edition of Section XI Utilized for Repairs or Replacements <u>1989</u> | | | | | | | |
| 6. Identification of Components Repaired or Replaced and Replacement Components | | | | | | | |
| Name of Component | Name of Manufacturer | Manufacturer Serial No. | National Board No. | Other Identification | Year Built | Repaired, Replaced, or Replacement | ASME Code Stamped (Yes or No) |
| 47A435-8-75 | N/A | N/A | N/A | N/A | NA | Replacement | No |
| 1-PIPE-063-B | N/A | N/A | N/A | N/A | N/A | REPAIR | NO |
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| 7. Description of Work <u>ADD SYSTEM 063 SUPPORT TO EXISTING SAFETY INJECTION SUPPORT.</u> <u>REPAIR OF INDICATIONS ON WELDS WND</u> <u>1-063B-T104-0BI AND -08P. 10/17/2003</u> 8. Tests Conducted. <u>Hydraulic</u> <u>Pneumatic</u> <u>Normal Operating Pressure</u> <u>INSERVICE LEAK TEST</u> <u>Other</u> <u>Pressure</u> <u> </u> <u>psi</u> <u>Test Temp</u> <u> </u> <u>°F</u> <u>10/17/03</u> <u>PER W0 #03-015889-007</u> | | | | | | | |
| NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in Items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form. | | | | | | | |

NIS-2 FORM SHEET 2 OF 2

| FORM NIS-2 (Back) | |
|--|--|
| 9. Remarks | Code Case <u>N-416-2</u> Tracking No. <u>RR-05-119</u> <i>2/C 10/12/03</i> <small>Applicable Manufacturer's Data Reports to be Attached</small> |
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| CERTIFICATE OF COMPLIANCE | |
| <p>We certify that the statements made in the report are correct and this <u>replacement/REPAIR</u> conforms to the rules of the ASME Code, Section XI.</p> | |
| Type Code Symbol Stamp | <u>NA</u> |
| Certificate of Authorization No. | <u>NA</u> |
| Signed | <u><i>S. J. Long</i></u> FIELD ENGINEER Date <u>10-17</u> 20 <u>03</u> <small>Owner or Owner's Designee, Title</small> |
| CERTIFICATE OF INSERVICE INSPECTION | |
| <p>I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of <u>Tennessee</u> and employed by <u>HSB-CT</u> of <u>Hartford Ct.</u> have inspected the components described in this Owner's Report during the period <u>10/12/03</u> to <u>10/17/03</u> and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.</p> <p>By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.</p> | |
| <u><i>Bruce M. Enright</i></u> <small>Inspector's Signature</small> | Commissions <u>TN 2534</u> <small>National Board, State, Province, and Endorsements</small> |
| Date <u>10/17</u> 20 <u>03</u> | |

| FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS As Required by the Provisions of the ASME Code Section XI | | | | | | | |
|--|----------------------|-------------------------|--------------------|---|------------|------------------------------------|-------------------------------|
| 1. Owner <u>TENNESSEE VALLEY AUTHORITY</u> <small>Name</small> <u>1101 Market St., Chattanooga, TN 37402</u> <small>Address</small> | | | | Date <u>10/17/2023</u> Sheet <u>1</u> of <u>2</u> | | | |
| 2. Plant <u>Watts Bar Nuclear Plant</u> <small>Name</small> <u>P. O. Box 2000, Spring City, TN, 37381</u> <small>Address</small> | | | | Unit <u>Unit 1</u> Work Order <u>03-015889-009</u> | | | |
| 3. Work Performed by <u>TVA Modifications</u> <small>Name</small> <u>Watts Bar Nuclear Plant</u> <small>Address</small> | | | | Repair Organization P.O. No., Job No., etc. Type Code Symbol Stamp <u>N/A</u> Authorization No <u>N/A</u> Expiration Date <u>N/A</u> | | | |
| 4. Identification of system <u>015 STEAM GENERATOR BLOWDOWN / 067 ERCW</u> | | | | | | | |
| 5. (a) Applicable Construction Code <u>AISC</u> <u>19 73</u> Edition, <u>7 th</u> Addenda, <u>N/A</u> Code Case (b) Applicable Edition of Section XI Utilized for Repairs or Replacements <u>1989</u> | | | | | | | |
| 6. Identification of Components Repaired or Replaced and Replacement Components | | | | | | | |
| Name of Component | Name of Manufacturer | Manufacturer Serial No. | National Board No. | Other Identification | Year Built | Repaired, Replaced, or Replacement | ASME Code Stamped (Yes or No) |
| 47A400-6-118 | N/A | N/A | N/A | N/A | NA | Replacement | No |
| 47A450-21-81 | N/A | N/A | N/A | N/A | N/A | REPLACEMENT | NO |
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| 7. Description of Work <u>ADD SYSTEM 063 SUPPORT TO EXISTING STEAM GENERATOR BLOWDOWN SUPPORT AND EXISTING ERCW SUPPORT. done 10/17/2023</u> | | | | | | | |
| 8. Tests Conducted: Hydrostatic <input checked="" type="checkbox"/> Pneumatic <input checked="" type="checkbox"/> Nominal Operating Pressure <input type="checkbox"/> Other <input type="checkbox"/> Pressure <u>A</u> psi Test Temp <u> </u> °F. | | | | | | | |
| NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in., (2) information in Items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form. | | | | | | | |

NIS-2 FORM SHEET 2 OF 2

| FORM NIS-2 (Back) | |
|---|---|
| 9. Remarks | Tracking No. <u>RA-05-120</u> <small>Applicable Manufacturer's Data Reports to be Attached</small> |
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| CERTIFICATE OF COMPLIANCE | |
| <p>We certify that the statements made in the report are correct and this <u>replacement</u> conforms to the rules of the ASME Code, Section XI.</p> | |
| Type Code Symbol Stamp <u>N/A</u> | |
| Certificate of Authorization No. <u>N/A</u> | |
| Signed <u>Mike Dodd</u> <u>CONST. ENGR.</u> Date <u>10/17/2003</u> <small>Owner or Owner's Designee, Title</small> | |
| CERTIFICATE OF INSERVICE INSPECTION | |
| <p>I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of <u>Tennessee</u> and employed by <u>HSB-CT</u> of <u>Hartford CT</u> have inspected the components described in this Owner's Report during the period <u>10/12/03</u> to <u>10/17/03</u> and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.</p> <p>By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.</p> | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <u>Bruce M. Earnigh</u> Inspector's Signature </div> <div style="width: 60%;"> Commissions <u>TN2534</u> National Board, State, Province, and Endorsements </div> </div> | |
| Date <u>10/17</u> <u>2003</u> | |

Appendix IV
Page 93 of 100

FORM NIS-2 (Back)

9. Remarks TRACKING# RR-05-121
Applicable Manufacturers Data Reports to be Attached

CERTIFICATE OF COMPLIANCE

We certify that the statements made in the report are correct and this replacement conforms to the
 rules of the ASME Code, Section XI.
 repair or replacement

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Signed Roy E. Harris FE MODS Date 10/17 20 03
Owner or Owner's Designee. Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel
 Inspectors and the State or Province of Tennessee and employed by HSB-CT
 of Hartford CT. have inspected the components described in this
 Owner's Report during the period 10/13/03 to 10/17/03 and state that to the best
 of my knowledge and belief, the Owner has performed examinations and taken corrective measures described
 in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied,
 concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither
 the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a
 loss of any kind arising from or connected with this inspection.

Bruce M. Earnigh Commissions TN2534
 Inspector's Signature National Board, State, Province, and Endorsements

Date 10/17 2003

FORM NIS-2 (Back)

9. Remarks CODE CASE N-418-2 TRACKING# RR-05-123
Applicable Manufacturers Data Reports to be Attached

CERTIFICATE OF COMPLIANCE

We certify that the statements made in the report are correct and this repair conforms to the
 rules of the ASME Code, Section XI.
 repair or replacement

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Signed Kurt A. Camell FIELD ENGINEER Date 10/15 20 03
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB-CT of HARTFORD CT have inspected the components described in this Owner's Report during the period 9/29/03 to 10/15/03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.
 By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

Bruce M. Earnigh
 Inspector's Signature

Commissions TN2534
 National Board, State, Province, and Endorsements

Date 10/15 20 03

| FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS As Required by the Provisions of the ASME Code Section XI | | | | | | | |
|---|----------------------|-------------------------|--------------------|--|------------|------------------------------------|-------------------------------|
| 1. Owner <u>TENNESSEE VALLEY AUTHORITY</u> | | | | Date <u>10/15/03</u> | | | |
| <small>Name</small> <u>1101 Market St., Chattanooga, TN 37402</u> | | | | Sheet <u>1</u> of <u>2</u> | | | |
| <small>Address</small> | | | | Unit <u>Unit 1</u> | | | |
| 2. Plant <u>Watts Bar Nuclear Plant</u> | | | | W/O <u>03-017997-000</u> | | | |
| <small>Name</small> <u>P. O. Box 2000, Spring City, TN 37381</u> | | | | <small>Repair Organization P.O. No., Job No., etc.</small> | | | |
| <small>Address</small> | | | | Type Code Symbol Stamp <u>N/A</u> | | | |
| 3. Work Performed by <u>MECHANICAL MAINTENANCE</u> | | | | Authorization No <u>N/A</u> | | | |
| <small>Name</small> <u>P.O. BOX 2000 SPRING CITY, TN 37381</u> | | | | Expiration Date <u>N/A</u> | | | |
| <small>Address</small> | | | | | | | |
| 4. Identification of system <u>SYSTEM 062 CVCS</u> | | | | | | | |
| 5. (a) Applicable Construction Code <u>ASME SEC III 19 71</u> Edition, <u>S/72</u> Addenda, <u>NONE</u> Code Case | | | | | | | |
| (b) Applicable Edition of Section XI Utilized for Repairs or Replacements <u>1989</u> | | | | | | | |
| 6. Identification of Components Repaired or Replaced and Replacement Components | | | | | | | |
| Name of Component | Name of Manufacturer | Manufacturer Serial No. | National Board No. | Other Identification | Year Built | Repaired, Replaced, or Replacement | ASME Code Stamped (Yes or No) |
| FLOW CONTROL VLV | FISHER | 5909861 | 2542 | 1-FCV-62-0089 | 1977 | REPLACED | YES |
| ↓ | ↓ | 5909863 | ↓ | ↓ | 1977 | Replacement | Yes |
| ↓ Replaced cage & bonnet ↗ | | | | | | | |
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| 7. Description of Work <u>Replaced valve parts with ones from U2 (cage & bonnet)</u> | | | | | | | |
| 8. Tests Conducted: Hydrostatic Pneumatic Nominal Operating Pressure <input checked="" type="checkbox"/> Other Pressure _____ psi Test Temp _____ °F | | | | | | | |
| NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8 1/2 in. x 11 in., (2) information in items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form. | | | | | | | |

FORM NIS-2 (Back)

9. Remarks TRACKING NO. RR-05-124 CODE CASE N-416-1Applicable Manufacturer's Data Reports to be Attached

CERTIFICATE OF COMPLIANCE

We certify that the statements made in the report are correct and this Replacement conforms to the rules of the ASME Code, Section XI.

Type Code Symbol Stamp N/ACertificate of Authorization No. N/ASigned Collector Maintenance Specialist Date 10/24 20 03Owner or Owner's Designee. Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSR-CT of Hartford CT. have inspected the components described in this Owner's Report during the period 10/16/03 to 10/29/03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

Bruce M. Emigh
Inspector's Signature

Commissions TN 2534
National Board, State, Province, and Endorsements

Date 10/29 20 03

| FORM NIS-2 OWNER'S REPORT FOR REPAIRS OR REPLACEMENTS <small>As Required by the Provisions of the ASME Code Section XI</small> | | | | | | | |
|---|----------------------|-------------------------|--------------------|--|------------|------------------------------------|-------------------------------|
| 1. Owner <u>TENNESSEE VALLEY AUTHORITY</u> <small>Name</small> <u>1101 Market St., Chattanooga, TN 37402</u> <small>Address</small> | | | | Date <u>10-17-2003</u> Sheet <u>1</u> of <u>2</u> | | | |
| 2. Plant <u>Watts Bar Nuclear Plant</u> <small>Name</small> <u>P. O. Box 2000, Spring City, TN 37381</u> <small>Address</small> | | | | Unit <u>Unit 1</u> W/O <u>03-018085-000</u> <small>Repair Organization P.O. No., Job No., etc.</small> | | | |
| 3. Work Performed by <u>MECHANICAL MAINTENANCE</u> <small>Name</small> <u>P.O. BOX 2000 SPRING CITY, TN 37381</u> <small>Address</small> | | | | Type Code Symbol Stamp <u>N/A</u> Authorization No <u>N/A</u> Expiration Date <u>N/A</u> | | | |
| 4. Identification of system <u>068 - REACTOR COOLANT</u> | | | | | | | |
| 5. (a) Applicable Construction Code <u>AISC</u> 19 <u>n/a</u> Edition, <u>n/a</u> Addenda, <u>n/a</u> Code Case (b) Applicable Edition of Section XI Utilized for Repairs or Replacements <u>1989</u> | | | | | | | |
| 6. Identification of Components Repaired or Replaced and Replacement Components | | | | | | | |
| Name of Component | Name of Manufacturer | Manufacturer Serial No. | National Board No. | Other Identification | Year Built | Repaired, Replaced, or Replacement | ASME Code Stamped (Yes or No) |
| 1-SNUB-068-68363 | PSA | 20678 | N/A | N/A | | REPLACED | |
| 1-SNUB-068-68363 | PSA | 1886 | N/A | N/A | | REPLACEMENT | |
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| 7. Description of Work <u>REPLACED SNUBBER</u> | | | | | | | |
| 8. Tests Conducted: Hydrostatic Pneumatic Nominal Operating Pressure <small>* Other * Pressure <u>N/A</u> psi Test Temp <u>N/A</u> °F</small> <u>1-7-11-0-7</u> | | | | | | | |
| NOTE: Supplemental sheets in form of lists, sketches, or drawings may be used, provided (1) size is 8½ in. x 11 in.; (2) information in Items 1 through 6 on this report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form. | | | | | | | |

FORM NIS-2 (Back)

9. Remarks TRACKING NO. 42-05-125 CODE CASE N-416-1 - 8/12/10/18/03
Applicable Manufacturer's Data Reports to be Attached

CERTIFICATE OF COMPLIANCE

We certify that the statements made in the report are correct and this replacement conforms to the
 rules of the ASME Code, Section XI.
repair or replacement

Type Code Symbol Stamp N/A

Certificate of Authorization No. N/A

Signed ED McCoy Snubber Prog. Mgr. Date 10/18 20 03
Owner or Owner's Designee, Title

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and the State or Province of Tennessee and employed by HSB-CT of HARTFORD CT- have inspected the components described in this Owner's Report during the period 10/18/03 to 10/19/03 and state that to the best of my knowledge and belief, the Owner has performed examinations and taken corrective measures described in this Owner's Report in accordance with the requirements of the ASME Code, Section XI. By signing this certificate neither the inspector nor his employer makes any warranty, expressed or implied, concerning the examinations and corrective measures described in this Owner's Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

Bruce M. Earnigh Commissions TN 2534
 Inspector's Signature National Board, State, Province, and Endorsements

Date 10/17 20 03